

NORTHERN RHODESIA.

MEDICAL REPORT

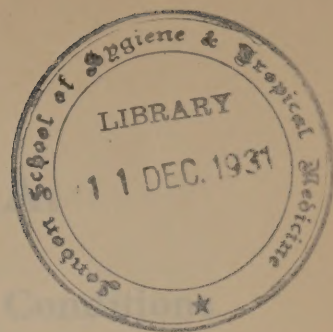
ON

**Health and Sanitary Conditions
for the Year 1930.**

PUBLISHED ON BEHALF OF THE GOVERNMENT OF NORTHERN
RHODESIA BY THE CROWN AGENTS FOR THE COLONIES
4 MILLBANK, LONDON, S.W.1.

1931.

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Medical Report of Health and Sanitary Conditions for the Year 1930.

SECTION I.

ADMINISTRATION.

TABLE I.

(a) STAFF (as at 31st December, 1930).

European.

- Director of Medical and Sanitary Services.
- 2 Senior Medical Officers.
- Specialist Surgical Officer.
- 15 Medical Officers.
- 5 Subsidized Medical Officers.
- 2 Pharmacists.
- Accountant.
- 2 Clerks.
- 2 Matrons.
- 24 Nursing Sisters.

Appointments, Changes, etc., in Staff.

Dr. F. W. Gilbert was appointed Medical Officer to the Anglo-Belgian Boundary Commission 14th March, 1930.

Mr. H. S. Algar was appointed Accountant 15th May, 1930.

Mr. K. S. M. Joubert was appointed Clerk 2nd April, 1930.

Miss L. Stephens was appointed Clerk 15th January, 1930.

Miss M. A. Bradford appointed Nursing Sister 5th January, 1930.

Miss M. G. Simmie appointed Nursing Sister 23rd January, 1930.

Miss L. McLagan appointed Nursing Sister 6th February, 1930.

Miss A. M. Dawson appointed Nursing Sister 20th March, 1930.

Miss J. F. Scales appointed Nursing Sister 20th March, 1930.

Miss J. G. Hammond appointed Nursing Sister 20th March, 1930.

Miss J. K. Cookson appointed Nursing Sister 29th March, 1930.

Miss A. Woolley appointed Nursing Sister 7th November, 1930.

Miss E. E. Applewhite appointed Nursing Sister 20th March, 1930.

Resignations, Retirements, etc., in Staff.

Dr. A. R. Cox, Medical Officer, resigned 29th December, 1930.

Mr. A. McLeod Grant, Clerk, resigned 6th May, 1930.

Miss A. B. A. Buck, Nursing Sister, resigned 8th September, 1930.

Miss E. E. Applewhite, Nursing Sister, resigned 4th December, 1930.

Leave.

	From	To
Dr. P. H. Ward	31st May, 1930.	8th Nov., 1930.
Dr. J. D. Harmer	11th June, 1930.	29th Dec., 1930.
Dr. H. Leach	19th Dec., 1930.	Pending retirement.
Dr. A. Kinghorn	5th May, 1930.	14th Nov., 1930.
Dr. W. J. Sheehan	5th Nov., 1930.	26th May, 1931.
Dr. H. A. Gilkes	26th Dec., 1930.	15th Oct., 1931.
Miss M. Roden	20th April, 1930.	2nd Feb., 1931
Miss H. B. G. Eastland	27th Aug., 1930.	12th July, 1931.
Miss F. B. Sedgwick	19th Dec., 1930.	20th June, 1931.
Miss C. A. Griffiths	5th Dec., 1930.	22nd June, 1931.
Miss W. C. S. Matthews	3rd June, 1930.	28th Nov., 1930.

Distribution of Staff.

Livingstone	...	}	Director of Medical and Sanitary Services.
			Specialist Surgical Officer.
			2 Medical Officers.
			2 Pharmacists.
			1 Secretary and Accountant.
			2 Clerks.
			Matron.
			6 Nursing Sisters.
Lusaka	...	...	Medical Officer, 4 Nursing Sisters.
Broken Hill	...	...	Medical Officer, Matron, 5 Nursing Sisters.
Fort Jameson	...	...	Medical Officer, 2 Nursing Sisters.
Mongu	...	...	Medical Officer, 1 Nursing Sister.
Kasama	...	...	Medical Officer, 2 Nursing Sisters.
Mazabuka	...	...	Medical Officer.
Fort Rosebery	...	...	Medical Officer.
Abercorn	...	...	Medical Officer.
Choma	...	...	Medical Officer.
Balovale	...	...	Medical Officer.
Solwezi	...	...	Subsidized Medical Officer.
Ndola	...	...	Subsidized Medical Officer.

African.

- 2 Native Clerks at Headquarters.
- 1 Native Clerk and Store Assistant at Headquarters.
- 2 Laboratory Assistants.
- 1 Native Clerk at Broken Hill.
- 1 Native Clerk at Lusaka.
- 1 Native Clerk at Fort Jameson.
- 95 Orderlies and Ward Attendants.
- 76 Other Servants.
- 11 Native Porters.
- 2 Office Boys.
- 3 Sleeping Sickness Guards.
- 4 Vaccinators.
- 24 Labourers.

Staff Postings (Medical Officers), 1930.

- Dr. P. H. Ward, Director of Medical and Sanitary Services, proceeded on vacation leave on May 25th and returned on the 7th of November, 1930, remaining in Livingstone for the rest of the year.
- Dr. H. Leach was stationed at Fort Rosebery throughout the year. He proceeded on vacation leave pending retirement on December 19th.
- Dr. A. F. Wallace was stationed at Broken Hill until May 8th when he was transferred to Livingstone as Acting Director of Medical and Sanitary Services. He, however, became ill and proceeded to the coast on sick leave on September 19th and resumed duties at Broken Hill on December 5th.
- Dr. J. D. Harmer was stationed at Livingstone until the 23rd May when he proceeded on vacation leave and returned to Livingstone on the 25th December, 1930.
- Dr. A. Kinghorn was stationed at Abercorn until the 1st May when he proceeded on vacation leave and resumed duties at Abercorn on the 16th November.
- Dr. R. R. Murray was stationed at Kasama throughout the year.
- Dr. W. J. Sheehan was stationed at Mongu until the 20th October when he proceeded on vacation leave.
- Dr. G. M. C. Powell returned from vacation leave on the 29th May and resumed duties at Lusaka where he has been stationed throughout the year.

Dr. J. A. Acheson returned from vacation leave on the 20th July and resumed duties at Fort Jameson.

Dr. H. A. Gilkes was stationed at Fort Jameson until the 10th of July when he proceeded on a Sleeping Sickness investigation in the Luangwa Valley, arriving at Livingstone on the 28th August. He acted as Director of Medical and Sanitary Services from the 19th of September to the 8th November, when he reverted to his substantive position on the arrival of Dr. Ward. He proceeded on vacation leave on the 26th December.

Dr. J. A. McGregor was stationed at Lusaka until the 29th May when he proceeded to Livingstone where he was stationed until the 1st October when he was transferred to Mongu to relieve Dr. Sheehan.

Dr. P. B. Robinson was stationed at Choma throughout the year with the exception of a tour of the Zambezi Valley.

Dr. N. D. Sanderson arrived at Livingstone from vacation leave on the 30th April and proceeded to Broken Hill on the 2nd May where he was stationed until the 7th of December when he was transferred to Livingstone.

Dr. T. R. F. Kerby arrived at Livingstone on the 28th May where he has been stationed throughout the year.

Dr. R. A. Newsom has been stationed at Mazabuka throughout the year.

Dr. R. B. S. Smith has been stationed at Balovale throughout the year.

Dr. E. J. Thomas was stationed at Livingstone until the 30th of May when he proceeded to Abercorn to relieve Dr. Kinghorn. He left Abercorn on the 16th November on transfer to Fort Rosebery where he took over duties on the 15th December.

Dr. R. A. Cox was stationed at Livingstone until the 10th April when he was transferred to Elisabethville as temporary Medical Officer to the Anglo-Belgian Boundary Commission. During July and August he relieved at Mazabuka and Choma when he was taken ill and admitted to Livingstone Hospital on the 21st October. He left Livingstone for England on the 5th December and resigned as from December 29th.

Dr. F. W. Gilbert arrived in Livingstone on first appointment on May 12th and proceeded direct to Elisabethville to join the Anglo-Belgian Boundary Commission where he has been stationed throughout the year.

The office accommodation of the headquarter staff remains as before. Owing to a variety of circumstances, it has been impossible to carry out the anticipated building programme at Livingstone which would have set free additional accommodation. This lack of adequate and suitable accommodation proves a handicap to the proper administration of the department. Additional accommodation will be available during the coming year on the completion of the new Nurses Home and Native Hospital. The Director of Medical and Sanitary Services was absent on vacation leave from May 25th to November 7th.

During his absence on leave, Dr. A. F. Wallace, Senior Medical Officer, who was acting, broke down in health and proceeded on sick leave on September 19th.

Dr. H. A. Gilkes was then appointed to act until the return of Dr. Ward.

Mr. H. S. Algar was appointed Secretary and Accountant to the department on May 5th, relieving Mr. J. P. Bliss who had been appointed to the department temporarily.

Miss L. Stephens was appointed to the Clerical Staff on January 15th, relieving Miss Cookson, who tendered her resignation on her marriage.

Mr. K. S. M. Joubert joined the Clerical Staff on April 2nd on the resignation of Mr. A. McLeod Grant.

It will be noticed that the entire personnel of the administrative staff changed during the year.

Dr. D. Alexander, C.M.G., late Director of Medical and Sanitary Services, Nigeria, who arrived in Northern Rhodesia in December last to organise a Sanitation Department and advise on health matters generally, left Livingstone in October on the termination of his appointment. During his visit he made an inspection tour of the districts adjoining the railway line with the Director of Medical and Sanitary Services and Mr. Hunt, late of the Sudan Service, in connection with the selection of a site for a new administrative centre.

He visited the Rand Mines and the Congo Copper Belt with the Hon. Secretary for Native Affairs in order to study conditions of native employment at those mining centres, and assisted in drawing up the regulations under the "Employment of Natives Ordinance."

He also drafted regulations under the Public Health Ordinance and submitted a scheme for the training of an African Subordinate Medical Staff, which has since been approved.

Since July, 1928, except for hurried inspection tours of the stations on the railway line and the Mining Area, only one tour of inspection of outstations has been made by the Director of Medical and Sanitary Services. On this tour, made in 1929, over 11,000 miles were travelled in eight days, and the following stations were visited:—Fort Rosebery, Kawambwa, Mbereshi Mission, Mporokoso, Kasama, Mpika and Serenje. The personal experience gained on this tour has proved invaluable. In the absence of a Sanitation Department, the duties of the Director of Medical and Sanitary Services at headquarters are onerous, and as no Deputy Director of Medical Services has been appointed, the administrative work at headquarters cannot be carried on properly during the absence of the Director of Medical and Sanitary Services; yet it appears essential that the head of the Medical Department or his deputy should have more personal knowledge of the territory, if the work of the department is to be carried on to the best advantage. There should be closer relationship between the Director and Provincial Commissioners, and it would be for the benefit of the territory if it were possible to discuss the problems of the different provinces and districts on the spot. Government spends a considerable sum annually in Grants-in-Aid to Mission Societies to assist them in their medical work. The head of the Medical Department has no knowledge of this work other than that furnished in written reports.

In the absence of the Director of Medical and Sanitary Services, the Medical Officer who acts for him has no knowledge of the working of the department, and information on all matters that come up for reference has to be laboriously gained from study of the filed correspondence.

A Deputy Director should be appointed, or a Senior Medical Officer with experience of the territory should be a member of the administrative staff, so that in the absence of the Director himself from headquarters, the administration of the department could be continued by a qualified officer with knowledge of routine administrative work.

(b) LIST OF ORDINANCES AFFECTING PUBLIC HEALTH ENACTED DURING THE YEAR 1930.

The Public Health Ordinance, 1930.

The Medical Practitioners and Dentists Ordinance, 1930.

The Public Health Amendment Ordinance, 1930.

The Medical Practitioners and Dentists Amendment Ordinance, 1930.

The regulations under the Public Health Ordinance have been drawn up and were submitted to Dr. De Boer on his arrival. They will receive further consideration and revision before coming into force.

(c) FINANCIAL.

Year 1930.

The following figures have been provided by the Treasury :—

TABLE II.

Total Revenue of Colony	£785,823 0 4
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Health Vote Revenue.

Hospital Fees, all sources	£6,409 18 9
Medical Subsidies	6,728 19 1
Sale of Drugs, including Veterinary Department sale of vaccines	576 11 7

£13,715 9 5

Expenditure.

Personal Emoluments	£33,371 0 0
Other Charges	25,638 8 11

£59,009 8 11

Health Vote expenditure=7·51 per cent. of total revenue of Colony.

SECTION II.

PUBLIC HEALTH.

(a) General Remarks.

During the period under review, the increase in the European population due to immigration has continued, being estimated at the end of 1930 at 12,000, an increase of 2,019 over the previous year. The increase for 1929 was estimated at 2,445.

In order to form a true estimate of the Public Health of the territory as a whole, the following factors must be taken into consideration.

There has been rapid influx into the territory of a European population, for the most part attracted to the Copper Belt where active development is taking place; new townships are in formation; buildings are being erected; and roads constructed. This development is not confined to one area, but is scattered over a large district, which two or three years ago was forest land. The developmental stage of any new territory where Malaria is prevalent, brings about conditions favourable for increased incidence, and measures undertaken for its control cannot be carried out in a day. A considerable portion of the population in the Mining Area is a floating population, engaged for special work and leaves the territory when the work is accomplished. This class includes a number of what may be described as "poor whites" of not a very high standard of intelligence who do not, as a rule, take the precautions necessary in a tropical climate. Many of the settlers have come from those temperate climates and are as yet unused to tropical conditions and have not yet become acclimatized or learnt the necessity for taking precautions suitable to the conditions of this territory.

Sanitation services are as yet not properly organised in many of the new centres, and settled conditions not yet reached.

The Mining Companies, however, have fully realised the importance of the health of their employees, and have spared no expenditure in carrying out antimalarial measures and providing the necessary sanitation services, and it can be confidentially anticipated that the health statistics in the future will show improvement.

The death rate per thousand for the year is 13·58 against 9·32 in 1929. 163 deaths were notified for the whole territory. As might be expected with the increase in the population, notifications of deaths from diseases which formerly have been rare

in this territory, begin to appear. The greatest number of deaths occurred in the Luangwa district which includes the Copper Belt. Malaria, and Malaria with complications, heads the list of the causes of deaths, and blackwater fever comes next. These diseases will be dealt with under their appropriate headings, as will Enteric Fever and Cerebro Spinal Meningitis which are also factors for the increased death rate. One death was caused by a snake bite; there were 4 suicides and 11 deaths from accidental causes; there were 4 deaths from Cancer and 2 from Eclampsia. Seven infants born prematurely succumbed and 1 died from injuries received during birth. Apart from these, the deaths occurring from general diseases call for no comment.

It can be stated that the increased death rate is due to causes usually associated with rapid development of new territories.

1,151 in-patients were treated during the year in Government European Hospitals with 29 deaths as compared with 1,078 and 21 deaths in 1929.

7,271 in-patients were treated in Government Native Hospitals with 471 deaths as compared with 8,449 with 446 deaths in 1929. These figures are, however, misleading, as the admissions to Solwezi Native Hospital—which showed 1,506 in-patients in 1929, are not included. The Kansanshi Mine Medical Officer is subsidized for the performance of Government Medical Services at Solwezi. There were two changes in the Medical Staff at Kansanshi during the year and no Annual Report was submitted to Livingstone. The death rate for the Native Hospitals is high, especially at Livingstone, but many cases are admitted moribund and others arrive from long distances in a condition which gives little hope of recovery. The lower admission rate to the Livingstone Hospital is due to the Zambezi Saw Mills Company having their own Medical Officer and Hospitals. Formerly all their patients were treated in the Government Hospitals.

The Medical Officer, Mongu, has reported the prevalence of Gastro Enteritis amongst the European population at certain seasons of the year; there were no deaths and the cases were not serious.

The Medical Officer, Fort Rosebery, also comments on the prevalence of Enteritis during the early rains, doubtless due to the pollution of the water supply from impurities washed down at this season.

The Malarial incidence at Fort Rosebery is high, and this station is not well sited.

Favourable reports as to the health of the community are received from other outstations.

35 deaths occurred in children under the age of 2 years. Of these, 28 occurred under one year of age; 7 of these infants were born prematurely. Of these 35 infantile deaths, 27 occurred in the Luangwa district and 8 elsewhere throughout the territory.

I. GENERAL DISEASES.

There is little to be added under this heading to the remarks made above.

Chest complaints, especially the various types of pneumonia still head the list of causes of deaths amongst the native population. The incidence of pulmonary tuberculosis is certainly on the increase and figures frequently in the Mortality Returns.

There is considerable prevalence of catarrhal conditions, influenzal in type, amongst the European population during the cold months of the year, the disease generally manifesting itself first in the native locations and spreading to the European community through the agency of their native servants. As mentioned in previous reports, these symptoms are usually mild in character, but convalescence is prolonged and the illness at once assumes a grave character if complicated by pneumonia.

The following table shows the number of cases treated in hospital during the years 1926, 1927, 1928, 1929 and 1930.

	1926.		1927.		1928.		1929.		1930.	
	In-Patients	Deaths.	In-Patients	Deaths.	In-Patients	Deaths.	In-Patients	Deaths.	In-Patients	Deaths.
Europeans	778	28	923	27	1,045	31	1,078	21	1,151	29
Natives	6,534	326	7,400	417	8,449	458	8,874	446	7,272	471

The general case mortality rates are :—

				1926.	1927.	1928.	1929.	1930.
Europeans .. ..	..	..	..	3.60%	2.92%	2.97%	1.95%	2.5%
Natives .. ..	..	..	..	5.00%	5.60%	5.42%	5.03%	6.5%

II. COMMUNICABLE DISEASES.

(a) Mosquito and Insect Borne.

MALARIA AND BLACKWATER FEVER.

It is difficult to arrive at an accurate estimate of the Malarial incidence, but it is estimated to be higher than in former years. Even if the increase in the European population is taken into consideration and allowance made for the arrival of a large number of Europeans into localities where active building and construction works are in progress, the impression remains that the increase of the incidence of Malaria is out of proportion to these factors.

There can be no doubt it is higher than formerly amongst officers of the Civil Service.

Malaria figures frequently in the weekly sick reports and in the reports of the Medical Advisers to the Colonial Office, and more sick leave outside the territory is granted than formerly.

There were 358 admissions for Malaria to Government European Hospitals with 5 deaths and 9 admissions for Blackwater Fever with 3 deaths as against 330 admissions for Malaria with 1 death, and 5 for Blackwater with 1 death in 1929.

During the year 15 deaths were ascribed to Malaria and 10 to Malaria with complications; of these, 16 occurred in the Luangwa district (which includes the Mining Area) and 9 for the remainder of the territory. There were 20 deaths from Blackwater, 12 occurring in the Luangwa district and 8 in the rest of the territory.

In 1929 only 1 death was reported from Malaria and 10 from Blackwater Fever.

I have alluded to the high infantile death rate elsewhere. It is significant that 27 infantile deaths took place in the Luangwa district where malarial incidence is the highest.

Some of the factors to which an increased malarial incidence may be ascribed have already been mentioned. There is another factor. Formerly, Medical Officers were in closer contact with officers of the Civil Service and with the settlers generally. The value of quinine prophylaxis in this territory was accepted by all the older practitioners and most of the settlers, and the necessity of the daily dose was constantly taught. Whatever may be the experience in other countries, the value of the daily dose in Northern Rhodesia has been demonstrated to the satisfaction of the older practitioners. There can be no doubt, even amongst the personnel of the Service, the daily dose is neglected, and in the Mining Area some of the Medical Practitioners have advised against its use. The anti-malarial schemes have not yet banished the mosquito and the number of deaths from Malaria and Blackwater Fever for the year is the highest in the history of the territory.

The special Report Forms for Blackwater cases were sent out to all Medical Practitioners. Only 6 were completed and returned to this office.

SLEEPING SICKNESS.

The position seems the same as in previous reports and gives no cause for anxiety.

Only 1 European case is reported. The disease was contracted on the old Broken Hill-Fort Jameson postal route between Serenje and Msoro Mission. This case proved fatal.

Two native cases were reported.

Jeresya is believed to have contracted the disease at Zambu's village in the Wambo reserve.

The second native was living at Kafue when the disease was diagnosed. He had recently been visiting his village in the Mumbwa district and had travelled from Mumbwa to Kasempa. No cases have been reported from the west of the railway line since 1914.

Dr. Gilkes made a Sleeping Sickness tour in the Luangwa Sleeping Sickness Area during which 99 villages were visited, and 1,413 males, 2,150 females and 2,448 children were examined, a total of 6,011 persons. Five cases of Sleeping Sickness were discovered.

The low incidence confirms the results of previous Sleeping Sickness inspections.

The following extract from Dr. Gilkes' report of his tour is of interest.

Presence of Game.—Makali village, on the Fort Jameson-Serenje road is at the Lusungazi drift. Every traveller on foot, by road or car, reports swarms of flies. This piece of road is one of the worst areas in the country, yet on the day when the village was examined (August 22nd with a hot mid-day sun) there was not a single fly to be seen, because a herd of elephant had been there over night and was still within a few miles. Dr. Gilkes also comments in his report: "It is impossible to over-estimate the help given by the District Commissioner (Mr. E. H. Lane Poole) on this tour. His knowledge of his natives and of the tsetse fly areas are of enormous value to those investigating Sleeping Sickness in Luangwa Valley."

The able assistance rendered by this officer to the Medical Department in the matter of Sleeping Sickness investigation was referred to in the last Annual Report. The policy adopted in this district of collecting native villages into close proximity, so that a large area of land comes under cultivation, affords a valuable protection against "fly." Unfortunately, it cannot be carried out throughout the whole of the Luangwa Valley, as the amount of fertile land is limited and scattered.

The following also is of interest. A recruiting Agent in the employ of the Mining Companies and his native personal servant were diagnosed by a Medical Officer with special laboratory experience to be suffering from Sleeping Sickness, fresh blood smears in both cases showing trypanosome infection. They left for the Roan Mir Mine the same day. They were kept under observation by the Mine Medical Officers for some months, but no further evidence of the disease was detected; they received no treatment.

RELAPSING FEVER.

An Official at Abercorn contracted the disease. There were 25 native cases reported, none of which proved fatal. This disease seems more prevalent in the Fort Jameson district than elsewhere.

TABLE SHOWING DEATH RATES PER 1,000 FROM MALARIA, BLACKWATER FEVER, TOTAL CLIMATIC AND TOTAL ALL CAUSES FOR 20 YEARS.

Year.	Total Climatic.	Blackwater.	Malaria.	Total All Causes.
1909-10	23.30	18.20	3.80	37.42
1910-11	8.4	7.70	1.80	27.87
1911-12	10.50	6.60	3.60	25.20
1912-13	10.50	5.70	2.60	23.68
1913-14	8.69	6.08	2.60	18.70
1914-15	6.60	5.70	.40	20.40
1915-16	9.28	4.64	1.85	18.11
1916-17	5.08	3.23	.92	18.93
1917-18	3.75	2.80	.83	17.80
1919	5.20	2.00	2.40	28.40
1920	2.80	2.40	—	12.80
1921	5.80	2.70	1.80	15.40
1922	4.12	2.75	.82	14.30
1923	5.20	3.40	1.05	13.42
1924	2.70	1.80	.45	9.04
1925	2.82	1.52	1.30	13.70
1926	2.86	2.14	.71	11.10
1927	2.88	1.23	1.10	9.89
1928	3.58	2.65	.53	12.87
1929	1.20	1.00	.10	9.32
1930	4.00	1.66	2.08	13.58

MALARIA AND BLACKWATER FEVER (EUROPEAN) IN GOVERNMENT HOSPITALS.

	1926.		1927.		1928.		1929.		1930.	
	Malaria.	Black-water Fever.	Malaria.	Black-water Fever.	Malaria.	Black-water Fever.	Malaria.	Black-water Fever.	Malaria.	Black-water Fever.
Livingstone	94	9 (3)	90 (2)	1	107 (2)*	6 (3)	166 (1)	2 (1)	175 (3)	7 (3)
Lusaka	73 (1)	3	76 (2)	8 (4)	74	1 (1)	69	2	93 (2)	1
Broken Hill	72	9 (4)	92 (1)	6 (1)	106	9 (1)	87	—	97	1
Fort Jameson	19	—	13 (1)	5	17	1	7	1	11	—
Kasama	4	—	1	—	—	—	1	—	7	—
Mongu	—	—	—	—	—	—	—	—	—	—
Totals	262 (1)	21 (7)	272 (6)	20 (5)	304 (2)	17 (5)	330 (1)	5 (1)	383 (5)	9 (3)

* Includes one death from Malaria Coma.

(b) Infectious Diseases.

There is evidence that the whole system of notification and compilation of infectious diseases statistics requires reorganisation.

During the year there have been frequent changes of the Medical Staff on the various mines; there are now private practitioners in various districts, and it is doubtful if all cases of infectious disease are notified. The work of the administrative clerical staff of this department has greatly increased during the last two years, and with

the advent of a number of private practitioners in the Mining Area and elsewhere, the compilation of the necessary health statistics is more complicated than formerly. It has been found impossible to keep these tables up-to-date, and the preparation of the necessary statistics at the end of the year is unsatisfactory. It is hoped the organisation of the Sanitation Department, and the publication of regulations under the Public Health Ordinance will enable more accurate statistics to be kept. It has already been mentioned that the entire administration staff was changed during the year.

The table of infectious diseases below was compiled from notifications received from Government Medical Officers.

The returns of infectious disease from the various Mining centres are included in the Mine Health and Mortality Returns.

There is possibly an advantage in this, as a comparison can be made between the incidence of disease on the various mines, and the remainder of the territory.

The following is a summary of the Infectious Diseases notifications during the year:—

	EUROPEANS.		NATIVES.	
	Cases.	Deaths.	Cases.	Deaths.
Variola	—	—	3,395	306
Influenza	42	3	123	20
Pneumonia, Influenzal	19	3	127	44
" Lobar	1	—	66	23
" Broncho	1	—	76	37
Dysentery (Amœbic)	6	—	—	—
" (Unclassified)	5	—	118	35
Pulmonary Tuberculosis	—	—	17	8
Measles	12	—	1	—
Rubella	5	—	6	—
Varicella	34	—	26	—
Cerebro Spinal Meningitis	4	2	150	53
Enteric Fever	11	3	50	3
Relapsing Fever	—	—	25	—
Scarlet Fever (Broken Hill)	1	—	—	—
Acute Anterior Poliomyelitis	4	—	—	—
	145	11	4,180	529

This return does not include the Mining Area.

SMALL-POX.

3,395 cases were notified during the year with 305 deaths, 290 of which occurred in the Fort Jameson district. There were isolated outbreaks in various portions of the territory which were soon under control but in the Fort Jameson district, especially in the portion adjacent the Portuguese border and in the Lundazi and Petauke sub-districts the disease assumed more serious proportions. The Medical Officer in charge of these areas reported 3,125 cases with 290 deaths.

In the Mongu district there were 263 cases with 15 deaths.

CEREBRO SPINAL MENINGITIS.

There has been considerable prevalence of this disease throughout the year. The distribution has been characteristic of the disease, cases occurring at widely separated centres throughout the territory, but the incidence has been most persistent in the Mining Areas. Three European deaths are recorded from Epidemic Cerebro Spinal Meningitis and 10 deaths from Meningitis unclassified.

The following table shows the distribution of Cerebro Spinal Meningitis at the different mines:—

Mine.	Europeans.		Natives.	
	No. of Cases.	Deaths.	No. of Cases.	Deaths.
Broken Hill	—	—	—	—
Roan Antelope	2	2	27	18
Nkana	5	4	27	20
Bwana Mkubwa	—	—	4	2
Nchanga	—	—	11	5
Mufulira	1	—	20	14

Two of the three European deaths from Cerebro Spinal Meningitis referred to above occurred at Livingstone and are not included in the above table, therefore five of the ten deaths appearing in the list of causes of death as “ Meningitis unclassified ” were shown in the Mine Health and Mortality Returns submitted by Mine Medical Officers as due to Cerebro Spinal Meningitis. The minimum distance between the Mines in the above list is 25 miles. The difficulty of detecting “ carriers ” of this disease amongst a large number of native employees is obvious, but they are sometimes discovered by a fortunate accident as the following case illustrates:—

Cerebro Spinal Meningitis broke out in a compound where 100 native employees lived. There were 4 fatal cases. A native from this compound visited his wife and child who resided in a location some 9 miles distant. Both the wife and child contracted the disease. The native himself was isolated and treated and there were no more cases.

ENTERIC FEVER.

Nine cases were treated in Government hospitals with three deaths and seven cases in Government Native Hospitals with two deaths.

In the Mining Area there was a considerable prevalence of this disease.

The following table shows the incidence of Enteric at the various mines:—

Mine.	Europeans.		Natives.	
	No. of Cases.	Deaths.	No. of Cases.	Deaths.
Broken Hill	—	—	2	2
Roan Antelope	12	—	44	16
Nkana	26	6	49	17
Bwana Mkubwa	—	—	—	—
Nchanga	2	—	2	—
Mufulira	2	—	—	—

At the Roan Antelope Mine the water supply is chlorinated and may be considered above suspicion, and in the Mine Townships there is a water-borne sewage system.

On the Nkans Mine in the Mine Township, the septic tank system is in use, each septic tank supplying a number of houses.

It is probable that the source of the infection is not due to faulty sanitation on the Mine properties themselves, but in unsanitary conditions in the vicinity and especially in the Contractor's Camps.

Enteric Fever and Cerebro Spinal Meningitis are factors in the increased death rate recorded for the year. As conditions in the new townships become settled, and where there are qualified Health Officers available for supervision and the investigation on infectious diseases, the incidence of Enteric Fever and Cerebro Spinal Meningitis will diminish.

Enteric Group.

HOSPITAL CASES, 1928, 1929 AND 1930.

	1928.				1929.				1930.			
	Europeans.		Natives.		Europeans.		Natives.		Europeans.		Natives.	
	Cases.	Deaths	Cases.	Deaths	Cases.	Deaths	Cases.	Deaths	Cases.	Deaths	Cases.	Deaths
Livingstone ..	6	—	3	1	5	—	5	5	3	1	5	3
Broken Hill ..	2	—	4	4	2	1	1	1	6	2	—	—
Lusaka	2	—	—	—	4	—	1	1	—	—	—	—
Ndola	—	—	—	—	—	—	2	2	—	—	2	—
Mazabuka ..	—	—	—	—	—	—	2	1	—	—	—	—
TOTAL ..	10	—	7	5	11	1	11	10	9	3	7	3

There is no hospital at Ndola.

INFLUENZA.

- 42 European cases with 3 deaths are reported, and 123 native cases with 20 deaths.

It is probable that in many of the native deaths reported from Lobar and Broncho Pneumonia the Pneumonia was Influenzal in origin.

WHOOPING COUGH.

There was a small outbreak of this disease at the Lubombo Boarding school, 7 scholars being infected.

LEPROSY.

The following table shows the number of cases reported to December 31st, 1930, as well as their distribution:—

Kasama	79
Luwingu	128
M'Pika	78
Chinsali	79
Mongu Lealui ...	749
Balovale	576
Sesheke	472
Kalabo	701
Mankoya	275
Nalolo	271
Mazabuka	180
Livingstone ...	228
Kalomo	234
Fort Jameson ...	236
Lundazi	27
Petauke	76
Lusaka-Chilanga	41
Feira	46
Mumbwa	35
Namwala	79
Kasempa	33
Solwezi	152
Mwinilunga ...	17
Broken Hill ...	108
Ndola	111
Serenje	44
Mkushi	35
Fort Rosebery ...	148
Kawambwa	139
Chiengi	31
Isoka	34
Abercorn	136
Mporokoso	65

 5,643

It will be seen that there are 5,643 lepers registered in the territory, but in the districts where there are no Medical Officers available, the diagnosis has been made by District Officers; there is therefore a very large margin for error.

Dr. Cochrané who saw a number of cases considers some are an abortive form of leprosy which does not progress and is not infective.

(c) Helminthic Diseases.

The high incidence of hookworm in the patients admitted to the Livingstone Native Hospital has been commented on in previous reports, but Medical Officers do not consider that the incidence of Helminthic Disease is considerable elsewhere in the territory or that it is undermining the health of the native population.

Except at Livingstone, Helminthic Disease has not been investigated, so there is no true indication of its prevalence.

Professor G. J. H. Sandground, of Harvard University Medical School, however, while on a holiday in this country, spent a week in Livingstone studying Helminthic Disease, and this department is indebted to him for a very valuable report, kindly placed at our disposal on the result of his examination of 54 natives in the Livingstone Hospital. This report confirms the opinion held by up-country Medical Officers. It will be seen that it contains advice of very considerable importance, and that Professor Sandground advises a policy "laissez faire." This report appears in the appendix.

VITAL STATISTICS.

(I) General Native Population.

Estimated Native Population 1,331,229

This is an increase of 32,578 over 1929.

The following statistics are based on figures supplied by the Native Affairs Department:—

Total births, 1930 2,554

Male 1,281

Female 1,273

Number of deaths of infants under 1 year of age 514

Infant Mortality Rate per Thousand Births 202.035.

Between the ages of 1 and 2 the number of deaths were 354, which gives a total death rate of 34 per cent. on the births.

Registration is not compulsory.

As any accurate statistics bearing on the mortality rates in village life are interesting and of value, the following is quoted from the Annual Report of the Medical Officer, Mongu:—

"From Kalabo comes the information that in 20 selected villages with a total population of 1,309, deaths numbered 50, i.e., 38 per thousand. In the same villages the death rate amongst the children under 2 years is stated to be 277 per thousand."

(II) General European Population.

European Population	...	...	...	...	...	...	12,000
Increase over 1929	...	...	...	...	...	...	2,019
Percentage increase over 1929	...	...	...	...	...	...	20.228
Deaths registered, 1930	...	...	...	...	...	...	163
Death Rate per thousand	...	...	...	...	...	...	13.58
„ „ „ „ (1929)	...	...	...	...	...	...	9.32
Deaths registered (1929)	...	...	...	...	...	...	93
Increase	...	...	...	...	...	...	70
Number of deaths of infants under 1 year of age	...	...	...	...	...	...	28

The causes of deaths of infants were:—

Enteritis	...	...	...	...	...	...	4
Inflammation	...	...	...	...	...	...	1
Premature Birth	...	...	...	...	...	...	7
Malaria and Chest trouble	...	...	...	...	...	...	1
Convulsions	...	...	...	...	...	...	2
Diphtheria	...	...	...	...	...	...	1
Meningitis	...	...	...	...	...	...	1
Purpura Hæmorrhage	...	...	...	...	...	...	1
Dysentery and Malaria	...	...	...	...	...	...	2
Pneumonia	...	...	...	...	...	...	3
Gastritis	...	...	...	...	...	...	1
Pneumonia and Malaria	...	...	...	...	...	...	1
Cerebral Birth Injuries	...	...	...	...	...	...	1
Cerebral Malaria	...	...	...	...	...	...	1

27

When a Medical Certificate is not available, the cause of death is supplied by the nearest relative.

The number of infantile deaths has been alluded to before.

The greater number of these deaths occur amongst what may be termed the "poor white" class. Many of these infants received no medical attention, and the cause of death is certified by ignorant relatives.

Under the Public Health Regulations a return of all deaths occurring throughout the territory will be submitted to the Medical Department monthly and it will be possible to ascertain more accurately the cause of death.

It is probable that the commonest cause of infantile deaths, and deaths following premature birth is due to Malaria.

EUROPEAN BIRTHS.

European Births, 1929	...	...	...	...	...	...	211
Males	...	...	...	...	...	...	111
Females	...	...	...	...	...	...	100
Birth rate per 1,000	...	...	...	...	...	...	21.14
European Births, 1930	...	...	...	...	...	...	273
Males	...	...	...	...	...	...	136
Females	...	...	...	...	...	...	137
Birth rate per 1,000	...	...	...	...	...	...	22.75

EUROPEAN DEATHS SHOWING AGE PERIODS.

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	85-95	Un-known	Total
1927 ..	18	4	3	7	9	7	13	4	5	—	—	2	72
1928 ..	15	2	3	11	14	19	18	9	4	1	—	1	97
1929 ..	21	5	4	12	12	4	13	13	3	1	1	4	93
1930 ..	28	9	6	19	27	27	27	11	4	—	—	5	163

The following table shows the causes of deaths as given in the Registrar's Returns:—

TABLE A.

<i>Causes of Deaths—</i>	No.
Malaria	12
Myocarditis and Malaria	3
Enteritis and Malaria	1
Malaria and Chest Trouble	1
Malaria and Premature Confinement	2
Dysentery and Malaria	3
Pneumonia and Malaria	1
Malaria and Nephritis	2
Blackwater	20
Miners Phthisis	1
Pneumonia	11
,, Broncho	3
,, Lobar	1
Dysentery	2
Erysipelas	1
Enteritis	9
Nephritis	1
Influenza	1
Bronchitis	2
Angina Pectoris	2
Dropsy	1
Strangulated Hernia	1
Hæmorrhage from Lungs	1
Cerebral Hæmorrhage	1
Myocarditis and Pulmonary Congestion	1
Cancer	4
Diphtheria	3
Hydrocephalus	1
Typhoid	7
Eclampsia	2
Landrys Paralysis	1
Cerebro Spinal Meningitis	3
Meningitis	8
Empyema	1
Tetanus	1
Premature Birth	7
Laceration of Brain (birth)	1
Convulsions	2
Acute Salpingitis	1
Sleeping Sickness	1
Pleurisy	1
Spina Bifida	1
Hæmorrhage (Dental)	1
Hyperimisisgravadarium	1
Delirium Tremens	1
Natural Causes	4
Heart Failure	10
Unknown	1
Suicide	4
Snake Bite	1
Compound Fracture	1
Motor Accident	1
Accident, Fall of Rock	1
Accidentally Shot	2

TABLE A—continued.

Accident	1
Burns	2
Blasting Accident	1
Drowning	2
Total ...	163

TABLE III.

	Europeans.	Africans.
Number of inhabitants in 1930	12,000	1,331,229
Number of births during 1930	273	2,554
Number of deaths during 1930	163	Figure not available.
Number of Immigrants	3,604	2,940
Number of Emigrants	No figures available.	
Number of inhabitants in 1929	9,981	1,298,651
Increase	2,019	32,578

There were 33 Asiatic Immigrants during the year.

(III) European Officials.

The increased incidence of Malaria amongst the European Officials has already been commented on.

Formerly there was much closer association between the officers of the Medical Department and other departments, and consequently the health of the European officials was under much closer supervision.

Instructions on health matters and the necessity for taking a daily dose of quinine could be given personally. Owing to the rapid increase in the number of officials, this close personal relationship has been lost, and it is extremely doubtful if the precautions formerly adopted as a matter of course, are now observed.

Officers enter the Service at an earlier age than formerly, and there is a very large increase in the numbers of the junior female staff. It is characteristic of the young generation of to-day that they are not amenable to advice. Instructions as to wearing suitable headgear is completely disregarded. Northern Rhodesia to-day has its hatless brigade. The life of the average official is more strenuous than formerly, and the responsibilities borne by the senior officers much greater. It is unfortunate that the more responsible the duties of an officer, the less he can be spared to take the occasional leave he really needs.

25 officials were seen by medical advisers to the Colonial Office while on leave. Of these, 3 omitted to be examined before proceeding on leave, 3 were suffering from Malaria and 1 from Amœbic Dysentery.

TABLE SHOWING THE SICK, INVALIDING AND DEATH RATES OF EUROPEAN OFFICIALS.

	1927.	1928.	1929.	1930.
Total number of Officials resident ..	429	446	515	621
Average number resident	372	372	429	558
Total number on sick list	72	175	184	232
Total number of days on sick list ..	1,054	1,587	1,916	1,964
Average daily number on sick list ..	2.88	4.34	5.25	5.66
Percentage of sick to average number resident	0.77	1.17	1.22	1.01
Average number of days on sick list for each patient	14.60	9.07	10.41	8.89
Average sick time to each resident ..	2.83	4.27	4.47	3.52
Total number invalided	2	2	6	—
Percentage of invalidings to total residents ..	.46	.45	1.16	—
Total Deaths	4	2	4	1
Percentage of deaths to total residents ..	.93	.45	.78	.16
Percentage of deaths to average number resident	1.07	.54	.93	.18

Cause of Death—Malaria.

(IV) Native Officials.

It has again to be reported that during the absence of the Director of Medical and Sanitary Services on vacation leave, the necessary registers for the compilation of this table were not kept. Owing to the repeated changes in the administrative staff the matter appears to have been overlooked. Tables were prepared in some of the districts, but all the data necessary is not given.

SECTION III.

HYGIENE AND SANITATION.

(a) General Review of the Work done and Progress made.

The visit of Dr. Alexander has already been referred to. The territory is still without a Sanitation Department. Dr. De Boer will arrive early in the coming year to take up the appointment of Deputy-Director of Sanitary Services and the appointment of other officers of a Sanitation Department will follow.

In the absence of such a department, it cannot be reported that progress has been made under this heading.

(I) PREVENTIVE MEASURES.

(a) Mosquito and Insect-borne Diseases.

MALARIA.

The work under this heading has been carried out as before under the supervision of Government Medical Officers, where such officers are available. It consists for the most part in the clearing of bush undergrowth in the vicinity of European settlements, and the carrying out measures to prevent the creation of artificial breeding places of mosquitoes. In centres where a Medical Officer is available, these measures meet with some measure of success, but in the absence of a Sanitation Department, no organised attempt has been made to locate or differentiate anopheline mosquitoes or to deal with their habits.

Sir Malcolm Watson visited the Mining Area in connection with the anti-malarial measures instituted by the Ross Institute Commission on behalf of the Mining Companies at the Roan Antelope and other mines, and the work has been continued. Work in connection with the drainage of the Itawa swamp at Ndola, under the direction of a firm of Consulting Engineers on behalf of Government, is still proceeding.

While at the larger settlements on the railways, such as Broken Hill, Lusaka, Mazabuka and Livingstone, more attention is paid to sanitation and anti-malarial measures than formerly, as is evidenced by the cleaner state of these townships—much remains to be done.

The country has now reached a stage of development which calls for a Sanitation Service, and real progress will not be made until it is functioning properly.

The general public, even the more intelligent, is strangely lacking in matters of hygiene, even the most elementary. Wherever there is no controlling body, the universal method of disposal of rubbish, tins and bottles, is to deposit them in the most convenient place on the veldt. Even where control is exercised, the undergrowth usually affords a depositing site which may escape observation.

The particular problems affecting Ndola were mentioned in my last report. It was decided to appoint a Government Medical Officer to this station during the latter part of the year; unfortunately illness amongst the Medical Staff made this impossible. A firm of Engineers undertook to carry out the necessary Sanitary Services of the townships from July last, but the result cannot be said to be satisfactory.

TRYPANOSOMIASIS.

In connection with the construction works on the Great East Road which traverses the Luangwa Sleeping Sickness Area, measures for the protection of the labour camps consist of clearance of the bush and undergrowth in the neighbourhood of the camps and watering places and "smudge" houses are being erected for the prevention of fly being widely distributed by motor transport.

(b) Epidemic Diseases.**SMALL POX.**

Vaccination was carried out on an extensive scale in the infected areas, and especially in the Fort Jameson, Petauke, Lundazi and Chinsali districts, and also in the Abercorn district in the areas adjoining Tanganyika territory. All labour recruits are vaccinated together with their wives and families.

16,365 vaccinations were performed under the Medical Officer, Mongu.

ENTERIC AND DYSENTERY.

As mentioned above, Government Medical Officers are responsible for the sanitation of their districts, and have carried out these duties, as far as their other duties permit, with keenness and even enthusiasm, but, as mentioned in the last Annual Report, proper control of sanitation matters cannot be exercised by Medical Officers whose time is fully occupied with other duties. Native locations, and especially Contractors' Camps, require more supervision, and there is urgent necessity for inspection of food supplies.

The Roan Antelope Mine has now a water-borne sewage system and Nkana has adopted the septic tank system.

A Superintendent was employed by Government to superintend the sanitation of the Government township at Luanshya, but his duties were not carried out in a satisfactory manner, and his appointment was terminated towards the end of the year.

TUBERCULOSIS.

Regulations under the "Employment of Natives" Ordinance provide for the better housing, and general improved conditions of life for native employees.

(c) Helminthic Diseases.

In the absence of accurate knowledge of the prevalence and distribution of this disease, no general measures have been undertaken. Regulations under the Employment of Native Labour Ordinance make the provision of proper latrine accommodation for underground employees compulsory, and for the treatment of the vehicles for the collection of excreta and urine and the surrounding ground with common salt.

(II) GENERAL MEASURES OF SANITATION.

The system of sanitation of the territory remains as before. Sanitation Services are under the Control of Management Boards, of which the District Commissioner is Chairman, and the Government Medical Officer an *ex officio* member of the Board. Advances of money to cover capital expenditure and for the purchases of the necessary equipment are made by Government; under the direction of properly qualified Health Officers, this system would work well.

The bucket system of sewage disposal is most commonly in use, the night soil being disposed of by burial. The difficulties encountered at outstations in the proper clearance of bush and undergrowth owing to the scarcity of prison labour, and the difficulty of obtaining labour for this purpose, have been mentioned before.

Offensive trades are restricted to sites reserved for the purpose at a reasonable distance from the ordinary trading and residential stands.

Sanitary Inspections.—With few exceptions these are carried out by unqualified persons in the employment of the Management Boards. This system leaves much to be desired. These Sanitary Inspectors are usually not qualified to carry out ordinary food inspections, and it is essential for the present that they should be under Government control.

Inspections are carried out weekly on stations where a Medical Officer is available.

(III) SCHOOL HYGIENE.

All the schools were inspected by Government Medical Officers, and the Boarding Schools at Mazabuka and Choma are under the constant supervision of Medical Officers at these stations.

The accommodation at Choma has been extended, and special attention has been paid to the clearing and cleanliness of the land surrounding the school grounds.

Special attention has also been paid to anti-malarial measures at both stations. At Mazabuka, a native orderly has been trained and is constantly employed on this work.

Tennis courts have been provided at Choma and at both schools games are played under the superintendence of the teaching staff.

In the Lusaka district, the conditions of home life of some of the school children are deplorable. Children attending the Farm Schools are boarded out in the houses of neighbours under conditions which leave much to be desired. Unless Government is prepared to board and educate children of the poor white class, it is difficult to suggest a remedy, for, unless these children attend Farm Schools, they will receive no education at all. The conditions under which they are boarded are no worse than their home conditions, and the parents seem perfectly satisfied.

It is considered that school inspection should be carried out by an officer who has special experience in this work. It is hoped that the appointment of Health Officers will make this possible.

School Dental Inspections are made twice yearly and an arrangement has been made by which the local dentists carry out the work. This arrangement is proving satisfactory. If parents are not able to pay for the necessary treatment, it is provided at Government expense. It is regretted that many parents do not avail themselves of the opportunities afforded.

(IV) LABOUR CONDITIONS.

As stated above, new regulations governing the employment of natives have been prepared. These regulations were discussed at a conference between representatives of the leading Mining Companies, the Attorney-General, Secretary for Native Affairs and the Director of Medical and Sanitary Services. They cover all matters connected with the welfare of natives in employment. They provide for adequate and suitable housing, feeding, and the proper medical attention of employees and their families.

The Mining Companies are fully alive to the importance of considering the welfare of their native employees and their families, and have employed expert advice on sanitation matters. Money has been expended freely and the Medical Staff have not been restricted. In most of the Mines excellent European and Native Hospitals, very fully equipped, have been provided.

Dr. Wallace, Acting Director of Medical and Sanitary Services, made an inspection tour of the Mining District in August last.

There is evidence, however, that supervision by Government Health Officers is necessary, and the Mining Companies would welcome the advice and help that could be given by a Sanitation Department and Sanitation experts.

In particular, the Contractors' Camps require constant supervision. These camps are of a temporary nature and are not always easy of access to busy Mine Medical Officers.

They are, however, a source of danger to the Mining community generally, and the efforts of the Mining Companies for the betterment of the health of their native employees will be largely negated while these insanitary camps are allowed to continue.

It will be seen from the tables below that there has been a high incidence in the Mining Area of Enteric and Cerebro Spinal Meningitis.

The presence of Enteric suggests the methods of sanitation adopted by the various Mining Companies is faulty somewhere and requires careful investigation throughout the Mining Area.

Pneumonia (Influenzal, Lobar and Lobular) again heads the list of the cause of native mortality. This disease has caused the Mining Companies great anxiety. They have arranged for an expert from the South African Institute of Medical Research to visit the mines and make an investigation of this disease. It must be remembered that Pneumonia is the highest factor in the mortality rate of the native population in ordinary village life, though what the mortality rate is, under such conditions is not known and cannot be estimated. Pneumonia usually attacks the labour recruit in the early months of his employment. The larger the number of recruits arriving on a mine during the year, the greater will be the mortality rate from this disease. On the new Mines in the Copper Belt, a very large number of natives find employment for short periods. On the older mines, there will be found a number of employees who have practically made their homes there, or who will work for long periods, and after visiting their villages will return for another period of labour. The average number of natives in daily employment, for any two mines, may approximately be the same, but the actual number employed during the year may vary greatly. The mine employing the greater number of recruits during the year will show a higher mortality rate than a mine with a settled population of native employees who continue to work for long periods. This factor of the number employed during the year does not appear in a mortality rate based on the average number employed.

As the conditions on the new mines becomes stabilized native labour will be attracted, and these natives, accompanied by their wives and families will take up their residence there and will live under conditions more approximate to village life. The pneumonia incidence will decrease. This is realised by Mine Managers, and there is evidence of a desire to make life in the native locations as attractive as possible.

On Mufulira Mine, Miss Buck, formerly in the Government Nursing Service, is in charge of a Maternity and Child Welfare Centre which has achieved marked success.

The recruitment of native labour for the mines is undertaken by the Northern Rhodesia Labour Association under the management of Lieut.-Col. Stephenson, formerly of the Northern Rhodesia Police.

The medical examination of recruits is undertaken by Government Medical Officers or Medical Practitioners approved by Government. The recruits are transported from the various recruiting districts by motor lorry to a central camp. The Rhodesian Native Labour Bureau still recruits a limited number of natives for labour in the south.

The conditions of recruitment and medical examination remain as before and are satisfactory. Generally, it may be stated that the conditions of native employment throughout the territory are favourable and the natives are well cared for. Better housing conditions are desirable and this matter is receiving attention.

BROKEN HILL MINE.

DAILY AVERAGE NATIVES EMPLOYED 1,949 (including Contractor's Labour).

	Cases Treated.	Deaths.	Mortality Cases Per Cent.	Mortality Per Mille Employed.
Malaria	37	—	—	—
Typhoid	2	—	—	—
Relapsing	1	—	—	—
Varicella	1	—	—	—
Variola	3	—	—	—
Diarrhoea	2	—	—	—
Dysentery	2	1	50·00	·51
Phthisis	7	4	57·14	2·52
Broncho Pneumonia	13	—	—	—
Lobar Pneumonia	2	2	100·00	1·27
Influenzal Pneumonia	20	8	40·00	4·10
Influenza	274	—	—	—
Pleurisy	1	—	—	—
Other Diseases of Chest	4	—	—	—
Syphilis	10	—	—	—
Gonorrhoea	1	—	—	—
Tropical Ulcer	27	—	—	—
Splenic Abscess	1	1	100·00	·51
Accidents, Minor	212	1	·47	·51
„ Major	3	1	33·33	·51
Miscellaneous Diseases	5	—	—	—
Diseases of the Eye	31	—	—	—
Abscess	28	—	—	—
Thrombosis of Leg	2	—	—	—
Paralysis	2	—	—	—
Phlebitis	3	—	—	—
Epilepsy	2	—	—	—
Leprosy	2	—	—	—
Minor Ailments	7	—	—	—
Peritonitis	1	1	100·00	·51
Other Surgical	2	—	—	—
Gastritis	1	—	—	—
	729	19	2·61	9·73

BWANA MKUBWA MINE.

DAILY AVERAGE NATIVES EMPLOYED 1,698 (including Contractor's Labour).

	Cases Treated.	Deaths.	Mortality Cases Per Cent.	Mortality Per Mille Employed.
Malaria	192	—	—	—
Cerebro Spinal Meningitis	6	3	50·00	1·76
Relapsing Fever	1	—	—	—
Varicella	12	—	—	—
Diarrhoea	13	—	—	—
Dysentery	4	—	—	—
Phthisis	3	1	33·33	·59
Other Forms of Tuberculosis	3	2	66·66	1·18
Broncho Pneumonia	14	—	—	—
Lobar Pneumonia	34	10	29·41	5·88
Influenzal Pneumonia	21	6	28·57	3·33
Influenza	257	1	·39	·59
Other Diseases of Chest	15	1	6·67	·59
Diseases of Heart	22	—	—	—
Syphilis	2	—	—	—
Gonorrhoea	1	—	—	—
Tropical Ulcer	16	—	—	—
Splenic Abscess	19	2	10·53	1·18
Accidents, Minor	463	2	4·31	1·18
„ Major	9	1	11·11	·59
Miscellaneous Diseases	119	2	1·67	1·18
Lymphangitis	41	—	—	—
Gangrene of Leg	1	—	—	—
Diseases of the Eye	31	—	—	—
Enlarged Spleen	5	—	—	—
Assaults	5	—	—	—
Minor Ailments	13	—	—	—
Pneumococcal Meningitis	1	1	100·00	·59
Enteritis	2	1	50·00	·59
Ankylostomiasis	1	—	—	—
Chigoes	1	—	—	—
Cerebral Hæmorrhage	2	2	100·00	1·18
Dead on Admission	1	1	100·00	·59
Capillary Bronchitis	1	1	100·00	·59
Hæmophilia	1	—	—	—
	1,332	37	2·78	21·79

ROAN ANTELOPE MINE.

DAILY AVERAGE NATIVES EMPLOYED 5,563 (including Contractor's Labour).

	Cases Treated.	Deaths.	Mortality Cases Per Cent.	Mortality Per Mille Employed.
Malaria	18	1	5.5	.18
Blackwater	—	—	—	—
Cerebro Spinal Meningitis	23	15	65.22	2.69
Typhoid	33	14	42.42	2.52
Scurvy	11	—	—	—
Varicella	4	—	—	—
Variola	1	—	—	—
Diarrhoea	43	1	2.33	.18
Dysentery	22	6	27.27	1.07
Phthisis	8	3	37.5	.54
Other Forms of Tuberculosis	3	—	—	—
Broncho Pneumonia	63	28	44.44	5.04
Lobar Pneumonia	192	47	24.47	8.45
Influenzal Pneumonia	41	8	19.51	1.44
Influenza	153	—	—	—
Pleurisy	12	—	—	—
Other Diseases of Chest	243	10	4.12	1.78
Syphilis	35	—	—	—
Tropical Ulcer	42	—	—	—
Accidents, Minor	1,824	1	.05	.18
„ Major	325	7	2.15	1.25
Suicide	1	1	100.00	.18
Miscellaneous Diseases	271	14	5.17	2.52
Diseases of the Eye	68	—	—	—
Septic Wounds	259	—	—	—
Lymphangitis	9	—	—	—
Debility	7	2	28.57	.37
Pneumococcal Meningitis	2	1	50.00	.18
Enteritis Millitary T.B.	1	1	100.00	.18
Other Surgical	17	—	—	—
Rheumatism	7	—	—	—
Ankylostomiasis	2	—	—	—
Tumour (Orbital)	2	—	—	—
Cavernous Sinus Thrombosis	2	—	—	—
Nephritis	2	—	—	—
Chigoes	25	—	—	—
Diseases of Ear	1	—	—	—
Canorum Oris	1	1	100.00	.18
Cause Unknown	2	2	100.00	.37
Transversei Myelitis	1	1	100.00	.18
Cerebral Hæmorrhage	1	1	100.00	.18
Minor Ailments	74	—	—	—
	3,851	165	4.02	29.48

MUFULIRA MINE.

DAILY AVERAGE NATIVES EMPLOYED 4,376 (including Contractor's Labour).

	Cases Treated.	Deaths.	Mortality Cases Per Cent.	Mortality Per Mille Employed.
Malaria	248	6	2.42	1.37
Blackwater	1	—	—	—
Cerebro Spinal Meningitis	20	14	70.00	3.19
Scurvy	38	—	—	—
Varicella	8	—	—	—
Diarrhoea	30	—	—	—
Dysentery	10	5	50.00	1.14
Phthisis	13	2	15.38	.46
Broncho Pneumonia	24	3	12.50	.69
Lobar Pneumonia	70	27	38.57	6.17
Influenzal Pneumonia	30	9	30.00	2.06
Influenza	77	—	—	—
Pleurisy	3	—	—	—
Other Diseases of Chest	128	2	1.56	.46
Diseases of Heart	4	1	25.00	.23
Syphilis	36	—	—	—
Gonorrhoea	5	—	—	—
Filariasis	3	—	—	—
Tropical Ulcer	117	—	—	—
Accidents, Minor	635	—	—	—
„ Major	151	5	3.31	1.14
Miscellaneous	10	—	—	—
Diseases of the Eye	37	—	—	—
Septic Wounds	127	—	—	—
Chigoes	33	—	—	—
Minor Ailments	86	—	—	—
Other Surgical	133	1	.75	.23
Natural Death	1	1	100.00	.23
Epilepsy	1	—	—	—
Measles	1	—	—	—
Panophthalmia	1	—	—	—
Ankylostomiasis	1	—	—	—
Septicæmia	1	1	100.00	.23
Disease of Ear	2	—	—	—
Leprosy	1	—	—	—
Ascites	1	—	—	—
Hæmophlegia	1	—	—	—
	2,088	77	3.69	17.59

NKANA MINE.

DAILY AVERAGE NATIVES EMPLOYED 5,028 (including Contractor's Labour).

	Cases Treated.	Deaths.	Mortality Cases Per Cent.	Mortality Per Mille Employed.
Malaria	173	1	·57	·19
Blackwater	—	—	—	—
Cerebro Spinal Meningitis	28	20	71·43	3·97
Typhoid	50	17	34·00	3·38
Relapsing	1	—	—	—
Scurvy	91	2	2·19	·39
Varicella	10	—	—	—
Diarrhœa	36	2	5·55	·39
Amœbiasis	11	5	45·45	·99
Dysentery	26	9	34·62	1·79
Phthisis	5	1	20·00	·19
Other Forms of Tuberculosis	3	—	—	—
Broncho-Pneumonia	35	16	45·72	3·18
Lobar Pneumonia	236	77	32·60	15·32
Influenzal Pneumonia	55	15	27·27	2·98
Influenza	154	3	1·95	·59
Pleurisy	2	1	50·00	·19
Other Diseases of Chest	144	6	4·17	1·19
Diseases of Heart	4	2	50·00	·39
Trypanosomiasis	1	—	—	—
Syphilis	13	1	7·69	·19
Gonorrhœa	4	—	—	—
Yaws	2	—	—	—
Filariasis	1	—	—	—
Tropical Ulcer	168	4	2·38	·79
Accidents, Minor	491	12	2·44	2·38
„ Major	157	2	1·27	·39
Miscellaneous Diseases	151	2	1·32	·39
Diseases of the Eye	4	—	—	—
Bilharzia	1	—	—	—
Debility	30	2	6·67	·39
Rheumatism	23	—	—	—
Septic Ulcer of Back	1	1	100·00	·19
Measles	1	—	—	—
Ankylostomiasis	2	—	—	—
Other Surgical	652	—	—	—
Appendicitis	1	1	100·00	·19
Natural Causes	2	2	100·00	·39
Empyema	2	2	100·00	·39
General Septicæmia	2	2	100·00	·39
Acute Nephritis	3	1	33·33	·19
Epilepsy	3	1	33·33	·19
Acute Pancreatitis	1	1	100·00	·19
Pneumococcal Meningitis	1	1	100·00	·19
Cirrhosis of Liver	1	1	100·00	·19
	2,782	203	7·29	40·36

NCHANGA MINE.

DAILY AVERAGE NATIVES EMPLOYED 3,633 (including Contractor's Labour).

	Cases Treated.	Deaths.	Mortality Cases Per Cent.	Mortality Per Mille Employed.
Malaria	7	—	—	—
Cerebro Spinal Meningitis	11	.. 5 ..	45·45	1·37
Typhoid	2	.. 2 ..	100·00	·55
Scurvy	39	.. 4 ..	10·26	1·10
Variola	1	—	—	—
Diarrhoea	8	.. 2 ..	25·00	·55
Amœbiasis	1	—	—	—
Dysentery	15	.. 5 ..	33·33	1·37
Broncho Pneumonia	3	—	—	—
Lobar Pneumonia	10	.. 3 ..	30·00	·83
Influenzal Pneumonia	49	.. 21 ..	42·85	5·64
Influenza	130	.. 2 ..	1·53	·55
Other Diseases of Chest	15	.. 1 ..	6·66	·27
Diseases of Heart	1	—	—	—
Trypanosomiasis	1	—	—	—
Syphilis	17	—	—	—
Gonorrhœa	1	—	—	—
Yaws	6	—	—	—
Tropical Ulcer	375	.. 1 ..	·27	·27
Accidents, Minor	321	.. 1 ..	·31	·27
„ Major	12	—	—	—
Miscellaneous Diseases	20	—	—	—
Conjunctivitis	29	—	—	—
Minor Ailments	11	—	—	—
Chigoes	7	—	—	—
Ankylostomiasis	4	.. 3 ..	75·00	·83
	1,096	.. 50 ..	4·56	13·76

(V) HOUSING AND TOWN PLANNING.

A Town Planning Board was appointed.

After several meetings, the Board submitted a unanimous resolution pointing out that in view of the rapid development of the territory, and the many problems arising therefrom, the appointment of a Town Planning Engineer was urgently needed. This officer arrived in October.

(VI) FOOD IN RELATION TO HEALTH AND DISEASE.

This has been referred to above. In the absence of qualified officers, no systematic inspection of food supplies can be undertaken. Throughout the country Slaughter Houses are primitive, and in many cases insanitary. The Slaughter House at Livingstone was inspected by the Central Health Board in May and condemned. The selection of a new site presented difficulties owing to the difficulty of a suitable water supply. The Municipal Council during the year appointed a new Town Engineer who drew up new plans, and the arrival of the Town Planning Engineer further delayed the matter, as the scheme for the lay-out of Livingstone was completely revised.

Under the circumstances, the erection of a new Slaughter House was postponed.

(b) Measures taken to spread the knowledge of Hygiene and Sanitation.

As mentioned in the last report, courses of instruction are included in the curriculum of the European Government and Missionary Native Schools.

The scheme for training a subordinate African Medical Staff drawn up by Dr. Alexander and Dr. Gilkes has been approved, and the training school will be erected next year adjacent to the new native hospital which will also be erected. The erection of the latter building unfortunately had to be postponed, as the revised lay-out of Livingstone necessitated the selection of a new site. In connection with this, new plans had to be drawn up.

The Training School, when erected, will be under the direction of Dr. Gilkes, who will visit the Mulago School in Uganda on his return from leave in order to study the methods in use there.

During the year, in spite of the lack of accommodation and facilities, the training of Medical Orderlies has been carried out with some success at Livingstone. This is largely due to the enthusiasm of Dr. Kerby who was in charge of the Native Hospital. The results may appear insignificant, but they are quoted as evidence that full use is made of the facilities that exist. Seven Medical Orderlies trained at Livingstone have been transferred to up-country native hospitals or outstations. Three native females were trained at the Broken Hill Hospital and were employed on duty at the Native Hospital there when it was inspected in December.

A native female has been trained and is employed at the Livingstone Native Hospital.

A native has been trained and is carrying out anti-malarial work at Mazabuka.

At the new Balovale Native Hospital, two native orderlies commenced training.

The following extract from the Annual Report by Dr. Kinghorn at Abercorn is more optimistic than the reports usually received from outstations as to the attempts to introduce sanitation into village life:—

“ During the year all natives have been moved into reserves, and District Officers report that in most of the villages deep pit latrines are being installed voluntarily.” Again:—

“ The only places at which such knowledge (hygiene) is imparted are the schools, where the subject forms part of the curriculum. In addition, District Officers, when touring, endeavour to impress the necessity on headmen. As stated earlier, this seems to be bearing some fruit as evidenced by the building of latrines in many of the villages.”

(c) Training of a Sanitary Personnel.

In the absence of a Sanitation Department, nothing has been done.

(d) Recommendations for future Work.

With reference to the recommendations made in the last Annual Report, the organisation of a Sanitation Department has been delayed. The Deputy Director of Sanitary Services will commence duty on April 1st next year, and will doubtless commence this organisation.

There has been no improvement or additional accommodation provided at the existing Native Hospitals, and a revised scheme necessitated by the altering conditions of the country will be submitted.

LABORATORY.

Laboratory accommodation was included in the plans of the new Livingstone Native Hospital, but the building of this hospital was postponed.

Further recommendations will be made after consultation with the Deputy-Director of Sanitary Services.

ANTI-MALARIAL WORK AND SLEEPING SICKNESS INVESTIGATION.

This also will receive the attention of the Deputy-Director of Sanitary Services.

As the appointment of a Deputy-Director of Sanitary Services marks a new era in the medical work in Northern Rhodesia, recommendations for future work will be reserved for the next Annual Report.

SECTION IV.

PORT HEALTH WORK AND ADMINISTRATION.

The Medical Officer, Abercorn, continues to act as Port Medical Officer at M'pulungu. He reports as follows:—

“The port at M'pulungu was visited regularly every fortnight on the occasions of the calling of the S.S. ‘Liemba.’ All passengers landed were inspected and no cases of the importation of any epidemic or contagious disease were found. Pit latrines are provided for the use of the crew and native passengers and are well kept. Bucket latrines are used on the ship by Europeans and these are removed just before sailing.

The grass and vegetation on the lake shore have been kept down and the port has been maintained in a sanitary condition.”

SECTION V.

MATERNITY AND CHILD WELFARE.

LIVINGSTONE.

The Livingstone Child Welfare Centre under the management of a local committee continues to function satisfactorily and is well attended. Miss A. B. Buck, who was in charge of the centre having resigned from the Northern Rhodesia Service, left Livingstone in September to take up Native Welfare Work at the Mufulira Mine. Miss Buck organised the Livingstone Centre and has carried on the work since its commencement voluntarily and her departure is much regretted. In her absence the work has been carried on by other Sisters in the Nursing Service, assisted by lady helpers.

There were 830 attendances during the year.

MBERESHI MATERNITY AND CHILD WELFARE CENTRE.

This Centre continues to do good work under the control of Dr. Margaret Morton.

An additional Grant of £250 has been promised to the Mission towards the Salary of a Nurse to assist in this work, but an appointment has not yet been made.

KASAMA GOVERNMENT MATERNITY TRAINING AND CHILD WELFARE CENTRE.

Miss Hammond was sent to assist Miss Eastland, who is in charge of this Centre, in April.

Miss Eastland left on vacation leave in August and took a special course in Maternity and Child Welfare in England.

On her return journey next year she will visit the Welfare Centres in the other East African Dependencies in order to study their methods.

During the absence from the territory of the Governor and the Director of Medical and Sanitary Services, the Welfare Buildings were not erected, and the Welfare Work at Kasama was carried out under difficulties, but the work was continued in the adjacent villages; 2,061 cases were treated at the Kasama Clinic, and 4,119 cases were treated in the neighbouring villages. Instructions have been given for the erection of the buildings to proceed immediately.

MWENZO MISSION.

Miss Gilchrist has started Maternity, Mothercraft and Infant Welfare work at this Mission under the superintendence of Dr. Chisholm and reports favourably of the interest shown in the new venture which will be extended next year. Government assistance has been applied for.

KAWIMBI MISSION.

The Medical Officer, Abercorn, reports:—Maternity and Child Welfare work is carried on by Mrs. Clarke, but no reports are available.

MONGU.

The Medical Officer, Mongu, reports:—The Welfare Centre at Mongu Hospital continues to function satisfactorily. Lectures were given to native women twice weekly throughout the year. 666 attendances are recorded at these lectures.

CHITAMBO MISSION.

The nurse in charge reports that 179 infants were seen in 11 villages. 421 mothers were visited in their own homes.

SECTION VI.

HOSPITALS DISPENSARIES AND VENEREAL CLINICS.

NATIVE HOSPITALS.

The European Hospitals remain as before.

No improvements have been carried out or new buildings erected, and there is nothing to add to the comments made in the previous report.

The accommodation at existing Native Hospitals cannot be considered satisfactory or adequate, and in some hospitals conditions are frankly bad.

A scheme for the expansion of the Medical Services was drawn up by the Director of Medical and Sanitary Services before proceeding on leave, and it is hoped that additional and improved accommodation will be provided during the coming year at all Native Hospitals. It is urgently needed.

The erection of a new Native Hospital at Livingstone has been approved; the circumstances that led to the delay in its construction have already been referred to.

There is a steady increase of out-patients at most of the Native Hospitals, and this increased attendance is especially gratifying, as it is for the most part voluntary.

Every Medical Officer reports on the increased attendance of patients suffering from Venereal Disease, especially Syphilis. Treatment by injection is popular and has gained the confidence of the native population.

The following extract from the Annual Report of the Medical Officer, Mongu, well illustrates this:—

“Attendances were 11,584 (7,645 in 1929).

Dispensaries.—A Venereal Disease Clinic is held at the native dispensary. Syphilis is treated mainly by deep subcutaneous injections of Bismuth. During 1930 there was an enormous increase in the number of cases of syphilis coming for treatment, out-patients numbering 1,147 as against 202 in 1929. Syphilis in-patients were 136 as against 87 in 1929.

The total number of Syphilis cases treated during the year, therefore, reached the rather appalling number of 1,283 (289 in 1929).”

It must not, however, be inferred that the above indicates an excessive incidence of Venereal Disease throughout the territory.

The figures available from other stations give no such indication.

Dr. Sheehan, however, does not consider that the incidence of Syphilis in the districts under his control as high as these figures might suggest. Few cases are detected in labour recruits examined by him.

Syphilis.—166 cases were treated at Mazabuka. 67 cases were treated at Fort Rosebery.

Leprosy.—Treatment for Leprosy is carried on at all Government Hospitals and there are leper settlements at the Dutch Reformed Mission at Mwami (Dr. Knobe) and at the Seventh Day Adventist Mission at Nzadzu (Dr. Marcus).

On a lesser scale, the treatment of leprosy is undertaken at most of the Mission Stations subsidized by Government.

The Medical Officer at Balovale is starting a small settlement there, and a scheme for a self-supporting leprosy settlement in the Choma district, suggested by the Medical Officer, Dr. Robinson, is under consideration.

Dr. Macgregor, Mongu, reports on the leper dispensary as follows:—

“*Leprosy Dispensary.*—An out-patient leper clinic was started in August, and since then there has been a steady increase in the numbers attending. 53 in all attended before the end of the year. It is too early to say much about results, but all those attending with even moderate regularity have shown distinct improvement in a very short space of time. Unfortunately, here again, one is confronted by the indifference of the Native and his unwillingness to attend regularly over a long period. Many come seeking a miracle and cease to attend after a few

injections. Others stop coming when their pain has been relieved. Many stay away for two or three weeks at a time to bury a relative or attend to other duties. The wet weather also has interfered with the attendances. On a very wet day the attendances may drop from over 30 to under 10.

The clinic is held twice weekly and the treatment at present consists of increasing subcutaneous injections of Alepol.

Some cases are attending very regularly and the results so far are encouraging." The Medical Officer, Mongu, also reports as follows:—

"*Leprosy*.—18 patients attended hospital for treatment; 1 died within a fortnight of admission, having been forwarded from a neighbouring Mission Station, as the advanced stage of the disease in his case could not be coped with there.

Five left hospital within two months of admission; 3 left hospital three months after admission; 1 left hospital eight months after admission; eight remain in hospital, having received treatment for at least two months, and at most nine months.

The results of treatment, which has been injections of Alepol, are encouraging, and if it were possible to form a leper colony in the district and offer employment to the inmates, the number of lepers seeking treatment would most probably be greatly increased."

Yaws.—Treatment is provided at all the Native Hospitals, and Bismuth Sod. Tartrate is the drug which is in most favour. Dr. Robinson toured the Zambezi Valley, where the incidence of Yaws is widespread and believed to be increasing. This valley is very inaccessible, but the construction of proposed roads will render it possible to establish rural dispensaries which can be supervised by the Medical Officer, Choma.

The prevalence of Yaws in this Valley will receive further investigation next year. A number of the inhabitants come to Choma for treatment.

324 cases were treated there during the year.

89 cases of Yaws were treated at Fort Rosebery.

The scheme for the expansion of the Medical Services includes provision of brick huts at all Native Hospitals with a view to encouraging natives suffering from venereal disease, yaws and leprosy to attend.

This form of hospital accommodation is popular with native patients.

EUROPEAN HOSPITALS (1930).

Hospital.	Year.	Daily Average.	Admissions.	Deaths.
Livingstone	1929	11·6	458	10
	1930	11·31	471	11
Broken Hill	1929	8·1	338	4
	1930	8·9	401	7
Lusaka	1929	5·4	200	6
	1930	5·8	225	8
Fort Jameson	1929	·13	43	—
	1930	·78	33	1
Kasama	1929	·25	9	—
	1930	·37	15	1
Mongu	1929	·10	4	1
	1930	·216	6	—

The average cost per patient in the various hospitals, including all overhead charges, but excluding Medical Officers salaries, is as follows:—

Livingstone	18s. per patient per diem.
Lusaka	18s. " " " "
Broken Hill	16s. " " " "

Lighting charges are not included in this estimate as there is no charge for electric light at Broken Hill. At Lusaka Hospital, where there is no electric light, lighting charges are included.

The increased cost at Livingstone well illustrates the importance of construction with a view to economical staffing.

There is very little Out-patient treatment at any European Hospital except at Livingstone, the attendances there during the year being 1,805.

NATIVE OUT-PATIENTS.

The following table shows the number of attendances of out-patients at various stations during the year:—

Livingstone	...	...	...	...	7,536
Mongu	...	...	...	...	11,584
Choma	...	...	...	...	886
Lusaka	...	...	...	...	762
Mazabuka	...	...	...	...	7,611
Broken Hill	...	...	...	...	9,705
Abercorn	...	...	...	...	2,624
Kasama	...	...	...	...	2,615
Chinsali	...	...	...	...	3,483
Luwingu	...	...	...	...	1,823
M'Pika	...	...	...	...	2,425
Chambeshi Rural Dispensary	...	...	...	...	686
Mangonji	...	...	...	...	1,782
Njobe	...	...	...	...	1,000
Magodi	...	...	...	...	523
Fort Jameson	...	...	...	...	1,501
Balovale	...	...	...	...	502

At the following station records only the number of patients treated are available:—

Fort Rosebery	2,425
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NATIVE HOSPITALS.

	Year.	Admissions.	Deaths.
Livingstone	1929	1,562	214
	1930	1,205	184
Broken Hill	1929	1,330	75
	1930	1,359	69
Fort Jameson	1929	352	15
	1930	309	20
Kasama	1929	390	3
	1930	383	9
Mongu	1929	505	10
	1930	627	12
Mazabuka	1929	572	24
	1930	752	21
Fort Rosebery	1929	408	6
	1930	339	2
Ndola	1929	630	43
	1930	854	104
Solwezi	1929	1,506	12
	1930	221	4
			(Oct. to Dec.)
Abercorn	1929	65	1
	1930	104	1
Choma	1929	746	14
	1930	628	7
Lusaka	1929	474	29
	1930	478	34

I have referred to the reason for the decrease in the admissions to Livingstone Hospital above.

THE FOLLOWING TABLE SHOWS THE TOTAL CASES TREATED IN NATIVE HOSPITALS, WITH
TOTAL DEATHS AND MORTALITY RATES FOR 1928, 1929 AND 1930.

Station.	Cases Treated.			Deaths.			Mortality Per Cent.		
	1928.	1929.	1930.	1928.	1929.	1930.	1928.	1929.	1930.
Ndola	449	645	854	34	43	104	7·57	6·67	12·178
Broken Hill ..	1,729	1,427	1,359	115	75	69	6·65	5·26	5·077
Lusaka	534	489	478	24	29	34	4·49	5·93	7·113
Mazabuka ..	924	605	752	22	24	21	2·38	3·97	2·739
Choma	549	772	628	5	14	7	·91	1·81	1·115
Livingstone ..	1,480	1,638	1,205	188	214	184	12·70	13·06	15·269
Fort Jameson ..	476	371	327	31	15	20	6·51	4·04	6·116
Fort Rosebery ..	345	420	352	4	6	2	1·16	1·43	·568
Kasama	341	403	397	10	3	9	2·93	·74	2·267
Mongu	573	524	627	14	10	12	2·44	1·91	1·913
Abercorn	106	74	111	4	1	1	3·77	1·35	·9
Solwezi	943	1,506	221	7	12	4	·74	·79	1·809
Balovale	—	—	209	—	—	8	—	—	3·828
	8,449	8,874	7,520	458	446	475	5·42	5·03	6·32

The following Missionary Societies received subsidies from the Government towards hospitals or the purchase of drugs:—

Paris Mission, Sesheke. Dr. Reutter. Hospital.

Livingstonia Mission, Mwenzo. Dr. Chisholm. Hospital.

Livingstonia Mission, Chitambo. Dr. Wilson. Hospital.

Baila Batonga Mission, Kasenga. Dr. Gerrard. Hospital.

Christian Mission, Kalene Hill. Dr. Fisher. Hospital.

Livingstonia Mission, Lubwa. Dr. Brown. Hospital.

Seventh Day Adventist, Fort Jameson. Dr. Marcus. Hospital and Leper Colony.

Mbereshi Mission. Dr. Morton. Hospital and Welfare Centre.

Kawimbi Mission, Abercorn. Dispensary.

Wesleyan Methodist Mission, Chipembi. Dispensary.

L.M. Society, Mporokoso. Hospital.

P.M. Mission, Mumbwa. Dispensary.

S.A. General Mission, Kasempa. Dispensary.

Dutch Reform Mission, Madzi Moyo. Dr. Knobel. Hospital and Leper Colony.

Salvation Army, Mazabuka and District. Dispensary.

Plymouth Brethren. Johnston Falls. Dispensary.

S.A. General Mission, Mankoya. Dispensary.

Church of Christ Mission, Sinde. Dispensary.

Jesuit Fathers' Missions, various stations.

Brethren in Christ Mission, Choma. Dispensary.

White Fathers, various stations. Dispensary.

Mr. Penny, Kalomo. Dispensary.

U.M.C.A., Msoro. Dispensary.

SECTION VII.

PRISONS AND ASYLUMS.

LIVINGSTONE.

Number committed, 1930	...	...	...	208
Daily Average	...	...	...	115
Daily Average sick	...	...	...	6.9%
Admitted to Hospital	...	...	...	30
Deaths	...	...	...	2

Diseases treated in Hospital:—

Ankylostomiasis	...	...	...	1
Varicella	...	...	...	2
Lipoma Shoulder	...	...	...	1
Tropical Ulcer	...	...	...	1
Mediastinal Neoplasm	...	...	...	1
Malaria	...	...	...	1
Abscess Neck	...	...	...	1
Cellulitis, Leg	...	...	...	1
„ „ Arm and Hand	...	...	...	1
Interstitial Keratitis	...	...	...	2
Malingering	...	...	...	1
Injury to Eye	...	...	...	1
Tertiary Syphilis	...	...	...	1
Influenzal Pneumonia	...	...	...	1
Increased Intra Cranial pressure	...	...	...	1
Comp. Fracture Tibia	...	...	...	1
Septic Foot	...	...	...	1
Fracture, Wrist	...	...	...	1
Hæmorrhoids	...	...	...	1
Inguinal Gland	...	...	...	1
Syphilis	...	...	...	1
Influenza	...	...	...	1
Syphilis and Gonorrhœa	...	...	...	1
Minor Ailments	...	...	...	5
				—
				30
				=

MAZABUKA.

Number committed, 1930	...	...	...	140
Daily Average	...	...	...	17.56
Total number on sick list	...	...	...	197
Deaths	...	...	...	1
Daily Average in Hospital	...	...	...	1.8

*Cause of Death, Septicæmia.**Diseases treated in Hospital:—*

Malaria, Pneumonia, Influenza, Syphilis, Conjunctivitis, Coughs, Intestinal Disturbances (Constipation or Diarrhœa), Yaws, Septic Wounds, etc.

FORT JAMESON.

Number committed, 1930	...	...	...	142
Daily Average in gaol	...	...	...	56.2
Daily Average in Hospital	...	...	...	1.62
Deaths	...	...	...	1

Cause of death, Execution.

Diseases treated in Hospital:—

Malaria	...	...	...	...	...	5
Influenza	...	...	...	...	...	2
Dysentery	...	...	...	...	...	1
Orchitis	...	...	...	...	...	1
Lumbago	...	...	...	...	...	1
Tumour of Ear	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	1
Ankylostomiasis	...	...	...	...	...	1
Alveolar Abscess	...	...	...	...	...	1
Abscess, Mouth	...	...	...	...	...	1
Colic	...	...	...	...	...	1
Boil	...	...	...	...	...	1
Abscess	...	...	...	...	...	1
Cellulitis	...	...	...	...	...	2
Elephantiasis	...	...	...	...	...	1
Self Inflicted Wound	...	...	...	...	...	1
Malingering	...	...	...	...	...	1
						—
						23
						==

LUSAKA.

Number committed, 1930	...	...	...	75
Daily Average in prison	...	...	...	7.9
Deaths	...	...	...	Nil.

Diseases treated:—

Malaria	...	...	...	...	...	1
Leprosy	...	...	...	...	...	3
Yaws	...	...	...	...	...	3
Syphilis	...	...	...	...	...	2
Gonorrhœa	...	...	...	...	...	3
Coryza	...	...	...	...	...	3
Broncho Pneumonia	...	...	...	...	...	1
Diarrhœa and Enteritis	...	...	...	...	...	3
Hernia	...	...	...	...	...	1
Abscess	...	...	...	...	...	5
Sprain	...	...	...	...	...	1
						—
						26
						==

KASAMA.

Number committed, 1930	...	...	...	41
Daily Average sick	...	...	...	.9
Daily Average in Hospital	...	...	...	.5
Deaths	...	...	...	Nil.

Diseases treated:—

Malaria, Rheumatism, Bowel complaints, Minor Injuries, etc.

LUWINGU.

Number committed, 1930	...	...	...	65
Daily Average sick	...	...	...	.12
Daily Average in Hospital	...	...	...	.06
Deaths	...	...	...	Nil.

Diseases treated:—

Fevers, Colds, Headaches.

M'PIKA.

Number committed, 1930	...	...	...	59
Daily Average sick	...	...	...	.06
Daily Average in Hospital	...	...	...	.06
Deaths	...	...	...	Nil.

Diseases treated:—

Fever, Abrasions, etc.

BROKEN HILL.

Number committed, 1930	...	...	...	425
Daily Average	...	...	...	85
Deaths	...	...	...	1
Daily Average in Hospital	...	...	...	4.9

Cause of Death, Myocarditis.

Diseases treated in Hospital:—

Diarrhœa and Dysentery	...	...	...	6
Influenza	...	...	...	17
Abscess	...	...	...	8
Pneumonia	...	...	...	6
Syphilis	...	...	...	4
Minor Injuries	...	...	...	6
Ulcer	...	...	...	3
Onyalai	...	...	...	1
Gonorrhœa	...	...	...	2
Leprosy	4
Malaria	1
Myocarditis	1
Bilharzia	2
Neurasthenia	1
Rheumatism	1

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MONGU.

Number committed, 1930	159
Daily Average	43.9
Deaths	1
Daily Average sick	2.3

Cause of Death, Spastic Paraplegia.

Diseases treated in Hospital:—

Malaria	...	...	...	7
Influenza	...	...	...	6
Dysentery	...	...	...	2
Syphilis	...	...	...	4
Gonorrhœa	...	...	...	4
Chronic Rheumatism	...	...	...	2
Pellagra	...	...	...	1
Anæmia	...	...	...	1
Locomotor Ataxia	...	...	...	1
Paraplegia	...	...	...	1
Conjunctivitis	...	...	...	2
Lobar Pneumonia	...	...	...	2
Pleurisy	...	...	...	1
Enteritis	...	...	...	1
Cellulitis	...	...	...	3
Cut Throat	...	...	...	1
Other External Injuries	...	...	...	3
				<hr/>
				42
				<hr/>

CHINSALI.

Number committed, 1930	...	...	...	105
Daily Average sick	...	...	...	28
Daily Average in Hospital	...	...	...	05
Deaths	...	...	...	Nil.

ABERCORN.

Number committed, 1930	31
------------------------	-----	-----	-----	----

No prisoners were treated as in-patients.

34 were treated as out-patients.

Diseases treated:—

Malaria	...	...	...	4
Influenzal Colds	...	...	...	1
Rheumatism	...	...	...	3
Bronchitis	...	...	...	5
Diarrhœa	...	...	...	3
Tonsillitis	...	...	...	1
Constipation	...	...	...	5
Ulcer	...	...	...	1
Cuts	...	...	...	11
				<hr/>
				34
				<hr/>

FORT ROSEBERRY.

Number committed, 1930	...	...	...	49
Daily Average in prison	...	...	...	6.2
Daily Average on sick list	...	...	...	.3
Number of admissions to Hospital	...	...	...	3

Number of Attendances at the Dispensary:—

Minor Complaints	...	...	...	...	62
Eyes	...	...	...	...	12
Diarrhoea	...	...	...	...	5
Malaria	...	...	...	...	12
Malingering	...	...	...	...	2
Mental Cases under observation	...	...	...	...	2
					—
					95
					==

BALOVALE.

Number committed, 1930	...	...	...	203
Daily Average	...	...	...	22
Daily Average sick	...	...	...	1.23
Admitted to General Hospital	...	...	...	39
Deaths	...	...	...	2

Causes of Deaths:—

Ankylostomiasis	...	...	...	...	1
Scurvy-Myocardial Degeneration	...	...	...	...	1

Diseases treated in Hospital:—

Lobar Pneumonia	...	...	...	...	1
Broncho „	...	...	...	...	1
Acute Bronchitis	...	...	...	...	2
Malaria	...	...	...	...	16
Myocarditis	...	...	...	...	1
Surgical	...	...	...	...	5
Constipation	...	...	...	...	1
Ankylostomiasis	...	...	...	...	1
Lumbago	...	...	...	...	1
Venereal Disease	...	...	...	...	1
Scurvy	...	...	...	...	1
Stomatitis	...	...	...	...	2
Conjunctivitis	...	...	...	...	6
					—
					39
					==

It will be noted that there was only 1 case of Pellagra (Mongu) in Government Gaols during the year.

Two cases of Scurvy were diagnosed at Balovale and there was a case of Onyalai at Broken Hill.

TABLE IV.

FIGURE FOR LIVINGSTONE 1930.

OBSERVATORY.

Month.	Mean Max.	Mean Min.	Range	Mean.	Rain- fall. Ins.	Hu- midity	Winds Directions.	Av. Force.
January ..	86.6	66.1	20.5	76.3	9.07	74	S. 86 E.	1.1
February ..	91.1	67.8	23.3	79.4	2.82	70	N. 83 E.	1.0
March ..	86.1	65.0	21.1	75.5	3.14	73	N. 84 E.	1.1
April ..	83.4	61.2	22.2	72.3	4.96	73	S. 85 E.	1.1
May ..	79.0	48.7	30.3	63.8	—	66	N. 89 E.	1.0
June ..	76.6	44.1	32.5	60.4	—	64	S. 72 E.	1.0
July ..	77.0	45.1	31.9	61.0	0.04	60	S. 85 E.	1.0
August ..	82.8	50.2	32.6	66.5	—	46	S. 63 E.	1.0
September ..	92.0	58.0	34.0	75.0	—	34	S. 89 E.	1.1
October ..	98.5	67.3	31.2	82.9	—	30	S. 86 E.	1.1
November ..	97.2	70.9	26.3	84.1	1.31	44	N. 48 E.	1.0
December ..	89.3	67.9	21.4	78.6	10.07	74	N. 77 E.	1.1
MEANS..	86.6	59.4	27.2	73.0	2.62	59	—	1.1

TABLE IVA.

COMPARISONS OF THREE ZAMBEZI VALLEY AND SIX PLATEAU STATIONS
SHADE TEMPERATURES.

Period January to December, 1930.

Month.	Zambesi Valley Stations.			Plateau Stations.		
	Average Max.	Average Min.	Mean.	Average Max.	Average Min.	Mean.
January ..	89.7	67.3	78.5	77.8	61.9	69.9
February ..	93.8	68.5	81.2	81.8	61.8	71.8
March ..	88.4	66.9	77.7	78.5	62.0	70.3
April ..	87.5	64.2	75.9	78.8	59.5	69.4
May ..	83.2	53.6	68.4	75.5	52.3	63.9
June ..	80.4	50.2	65.3	74.2	47.8	61.0
July ..	80.9	49.5	65.2	75.5	48.0	61.8
August ..	86.3	52.9	69.6	80.4	51.6	66.0
September ..	94.5	59.4	77.0	85.0	55.5	70.3
October ..	99.9	67.3	83.6	88.1	61.5	74.8
November ..	97.2	65.1	81.2	86.0	64.0	75.0
December ..	90.8	68.7	79.8	80.9	63.2	72.1
MEANS ..	89.4	61.1	75.3	80.2	57.4	68.8

=Means of MONGU.

LIVINGSTONE.

FEIRA.

=Means of ABERCORN.

FORT JAMESON.

LUSAKA.

M'PIKA.

MWINILUNGA.

FORT ROSEBERRY.

TABLE V.

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.
LIVINGSTONE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total. Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic, and Infectious Diseases.						
1a. Typhoid fever	—	3	1	3	—	
5c. Malaria	3	175	3	178	—	
5e. Blackwater	—	7	3	7	—	
11. Influenza	—	12	—	12	—	
16c. Dysentery (undefined).. ..	—	6	—	6	—	
24. Cerebro spinal fever	—	2	2	2	—	
II. General Diseases not mentioned above.						
45. Cancer of colon.. ..	—	1	—	1	—	
44. Cancer of stomach	—	1	—	1	—	
46. Cancer of cervix	—	1	—	1	—	
48. Cancer of skin	—	1	—	1	—	
52. Rheumatism	1	—	—	1	—	
66. Alcoholism	—	1	—	1	—	
III. Affections of the Nervous System and Organs of the Senses.						
71. Meningitis	—	—	—	—	—	
77. Mental alienation	—	2	—	2	—	
82b. Neuritis	—	6	—	6	—	
82c. Neurasthenia	—	3	—	3	—	
85b. Conjunctivitis	—	1	—	1	—	
85e. Other affections of the eye	—	5	—	5	—	
86. Mastoid	—	2	—	2	—	
78. Epilepsy	—	3	—	3	—	
80. Infantile convulsions	—	1	—	1	—	
IV. Affections of the Circulatory System.						
93. Hæmorrhoids	1	6	—	7	—	
95. Hæmorrhage of undetermined cause	—	2	—	2	—	
V. Affections of the Respiratory System.						
98. Laryngitis	—	—	—	—	—	
99. Bronchitis	—	2	—	2	—	
101b. Pneumonia (unclassified)	2	11	—	13	—	
102. Pleurisy	—	3	—	3	—	
106. Tuberculosis (pulmonary)	—	5	—	5	—	
VI. Diseases of the Digestive System.						
108a. Dental caries	—	12	—	12	—	
108b. Stomatitis	—	—	—	—	—	
109. Tonsillitis	1	10	—	11	—	
111a. Ulcer of the stomach	—	1	—	1	—	
Carried forward ..	8	285	9	293	—	

TABLE V—*continued.*

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

LIVINGSTONE HOSPITAL—*continued.*

Diseases.	R. 1929.	Yearly Total.		Total. Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	8	285	9	293	—	
VI. Diseases of the Digestive System— <i>continued.</i>						
112. Gastritis	—	9	—	9	—	
117. Appendicitis	1	15	—	16	—	
118. Hernia	—	4	1	4	—	
119b. Constipation	—	3	—	3	—	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
128. Acute nephritis	—	1	1	1	—	
139. Uterine tumours (non-malignant)	—	5	—	5	—	
140. Uterine hæmorrhage (non- puerperal)	—	6	—	6	—	
141. Metritis	—	14	—	14	—	
141b. Other affections of female genital organs	—	2	—	2	—	
VIII. Puerperal State.						
143a. Normal labour	2	29	—	31	—	
143B(a). Abortion	—	3	—	3	—	
143B(c). Other accidents of pregnancy	—	1	—	1	—	
145. Other accidents of parturition	—	—	—	—	—	
IX. Affections of the Skin and Cellular Tissues.						
153. Cellulitis	—	2	—	2	—	
153. Abscesses and ulcers	2	—	—	2	—	
X. Diseases of Bones and Organs of Locomo- tion (other than Tuberculosis).						
158. Diseases of organs of locomotion	—	12	—	12	—	
XIV. Affections Produced by External Causes.						
179. Burns (other than by fire) ..	—	1	—	1	—	
185. Wounds (by fall)	—	2	—	2	—	
188. Wounds (crushing, <i>e.g.</i> , motor accidents, etc.)	—	—	—	—	—	
201b. Sprain	—	3	—	3	—	
201c. Fracture	—	12	—	12	—	
202. Other external injuries ..	2	17	—	19	—	
XV. Ill-defined Diseases.						
205a. Diseases not already specified	4	26	—	30	—	
TOTAL	19	452	11	471	—	

TABLE V—*continued.*

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

LUSAKA HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total. Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5c. Malaria	—	93	2	93	—	
5e. Blackwater	—	1	—	1	—	
7. Measles	—	1	—	1	—	
11. Influenza	—	6	—	6	—	
16a. Dysentery	—	4	—	4	—	
b. Dysentery	—	2	—	2	—	
22. Acute poliomyelitis	—	2	—	2	—	
31. Tuberculosis pulmonary	—	2	—	2	—	
II. General Diseases not mentioned above.						
45. Cancer of the rectum	—	2	—	2	—	
48. Malignant tumour of the skin	—	1	—	1	—	
51. Acute rheumatism	—	3	—	3	—	
III. Affections of the Nervous System and Organs of the Senses.						
77. Other forms of mental aliena- tion	—	1	—	1	—	
81. Chorea	—	1	—	1	—	
82b. Neuritis	—	2	—	2	—	
85. Affections of the organs of vision (6)—conjunctivitis	—	1	—	1	—	
IV. Affections of the Circulatory System.						
90. Other diseases of the heart (a) Valvular—mitral	—	2	1	2	—	
V. Affections of the Respiratory System.						
97. Diseases of the nasal passages— polypus	—	1	—	1	—	
100. Broncho pneumonia	—	3	1	3	—	
102. Pleurisy empyema	—	1	1	1	—	
105. Asthma	—	1	—	1	—	
VI. Diseases of the Digestive System.						
108a. Diseases of the teeth and gums	—	2	1	2	—	
109. Tonsillitis	—	2	—	2	—	
112. Gastritis	—	2	—	2	—	
113. Diarrhoea and enteritis (under 2 years)	—	3	—	3	—	
114. Diarrhoea and enteritis (2 years and over)	—	1	—	1	—	
116. Diseases due to intestinal parasites— (a) Cestoda (Tænia)	—	1	—	1	—	
(c) Ascaris	—	1	—	1	—	
Carried forward	—	142	6	142	—	

TABLE V—*continued.*

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

LUSAKA HOSPITAL—*continued.*

Diseases.	R. 1929.	Yearly Total.		Total. Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward . . .	—	142	6	142	—	
VI. Diseases of the Digestive System— <i>continued.</i>						
117. Appendicitis	—	10	—	10	—	
118. Hernia	—	1	—	1	—	
127. Other affections of the digestive system	—	6	—	6	—	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
128. Acute nephritis	—	2	—	2	—	
137. Cyst-ovaries	—	1	—	1	—	
138. Salpingitis	—	4	—	4	—	
139. Uterine tumours (non- malignant)	—	1	—	1	—	
140. Uterine hæmorrhage (non- puerperal)	—	3	—	3	—	
141B. Displacement of the uterus . .	—	1	—	1	—	
Dysmenorrhœa	—	1	—	1	—	
Leucorrhœa	—	1	—	1	—	
142. Mastitis	—	1	—	1	—	
VIII. Puerperal State.						
143A. Normal labour	1	23	—	24	—	
143B(c). Other accidents of pregnancy	—	6	1	6	—	
145. Other accidents of parturition	—	1	—	1	—	
147. Plegmasis dolens	—	1	—	1	—	
148. Puerperal eclampsia	—	2	1	2	—	
IX. Affections of the Skin and Cellular Tissues.						
153. Boil	—	1	—	1	—	
Abscess—cellulitis	—	8	—	8	—	
155. Other diseases of the skin— myiasis	—	1	—	1	—	
XIV. Affections produced by External Causes.						
178. Burns (by fire)	—	1	—	1	—	
185. Wounds (by fall)	—	3	—	3	—	
188. Wounds (crushing, railways) . .	—	1	—	1	—	
189. Injuries inflicted by animals— bites	—	2	—	2	—	
201B. Sprain	—	1	—	1	—	
C. Fracture	—	2	—	2	—	
TOTAL	1	227	8	228	—	

TABLE V—continued.

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

BROKEN HILL HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
1a. Typhoid	—	6	2	6	1	
3. Relapsing fever	1	—	—	1	—	
5c. Malaria	3	94	—	97	5	
5e. Blackwater	—	1	—	1	—	
7. Measles	—	1	—	1	—	
8. Scarlet fever	—	1	—	1	—	
10. Diphtheria	—	1	—	1	—	
11. Influenza	—	7	—	7	—	
16b. Dysentery bacillary	—	4	—	4	1	
21. Erysipelas	—	1	—	1	—	
25h. Trypanosomiasis	—	2	—	2	—	
31. Tuberculosis (pulmonary)	—	1	1	1	—	
38b. Syphilis	—	1	—	1	—	
40A. Gonorrhœa	—	1	—	1	—	
II. General Diseases not mentioned above.						
47. Cancer of the breast	—	2	1	2	—	
49. Cancer of the hand	—	1	1	1	—	
50. Tumour (non-malignant)	—	1	—	1	—	
57. Diabetes	—	1	—	1	—	
66. Alcoholism	—	3	—	3	—	
69. Gout	—	1	—	1	—	
III. Affections of the Nervous System and Organs of the Senses.						
77. Insanity	—	1	—	1	—	
82B. Neuritis	—	4	—	4	—	
82C. Neurasthenia	—	7	—	7	—	
85b. Conjunctivitis	—	1	—	1	—	
85e. Pterygium	—	1	—	1	—	
86. Mastoid	—	1	—	1	—	
IV. Affections of the Circulatory System.						
93. Hæmorrhoids	—	1	—	1	—	
93. Phlebitis	—	2	—	2	—	
95. Hæmorrhage (of undetermined cause)	—	1	—	1	—	
97. Rhinitis	—	1	—	1	—	
Carried forward ..	4	150	5	154	7	

TABLE V—continued.

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

BROKEN HILL HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	4	150	5	154	7	
V. Affections of the Respiratory System.						
99a. Acute bronchitis	—	6	—	6	—	
100. Pneumonia (broncho)	—	1	—	1	—	
101. „ (lobar)	—	1	—	1	—	
102. Pleurisy	—	1	—	1	—	
103. Congestion of the lung ..	—	1	1	1	—	
VI. Diseases of the Digestive System.						
108a. Diseases of teeth and gums ..	—	45	—	45	—	
108b. Paratoid calculus	—	1	—	1	—	
109. Tonsillitis	1	9	—	10	—	
110. Foreign body in throat ..	—	1	—	1	—	
112. Gastritis	—	3	—	3	—	
113. Diarrhoea	—	1	—	1	—	
114. Enteritis	1	5	1	6	—	
116a. Cestoda	—	2	—	2	—	
117. Appendicitis	—	20	—	20	—	
118. Hernia	—	1	—	1	—	
119A. Ischlo rectal abscess	—	1	—	1	1	
B. Constipation	—	1	—	1	—	
Obstruction	—	1	—	1	—	
122. Cirrhosis of liver	1	—	—	1	—	
124. Jaundice	—	1	—	1	—	
128. Nephritis	—	1	—	1	—	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
132. Urinary calculus	—	3	—	3	—	
133. Cystitis	—	2	—	2	—	
138. Salpingitis	—	4	—	4	—	
141B. Prolapse	—	1	—	1	—	
141B. Dysmenorrhœa	—	8	—	8	—	
141B. Daginisimus	—	1	—	1	—	
VIII. Puerperal State.						
143A. Normal labour	—	45	—	45	—	
143B(a). Abortion	—	7	—	7	—	
143B(b). Ectopic gestation	—	1	—	1	—	
Carried forward ..	7	325	7	332	8	

TABLE V—continued.

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

BROKEN HILL HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	7	325	7	332	8	
IX. Affections of the Skin and Cellular Tissues.						
152. Carbuncles	—	2	—	2	—	
153. Whitlow	—	2	—	2	—	
153. Cellulitis	—	9	—	9	—	
155. Chigoes	—	1	—	1	—	
X. Diseases of Bones and Organs of Locomotion (other than Tuberculosis).						
157. Synovitis	—	3	—	3	—	
XII. Diseases of Infancy.						
161. Premature birth	—	1	—	1	—	
162. Phimosis	—	5	—	5	—	
XIV. Affections Produced by External Causes.						
165. Suicide by poisoning	—	1	1	1	—	
176. Snake bite	—	1	—	1	—	
178. Burns	—	1	—	1	—	
186. Wounds in mines	—	8	—	8	—	
187. „ by machinery	—	9	—	9	—	
188. „ railway accidents	1	10	—	11	—	
189. Injuries inflicted by animals ..	—	1	—	1	—	
201A. Dislocation	—	1	—	1	—	
B. Sprains	—	2	—	2	—	
C. Fractures	1	10	—	11	1	
TOTAL	9	392	8	401	9	

TABLE V—*continued*.

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

KASAMA HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5. Malaria	—	7	—	7	—	
40A. Gonorrhœa	—	1	—	1	—	
III. Affections of the Nervous System and Organs of the Senses.						
85e. Other affections of the eye ..	—	1	—	1	—	
VIII. Puerperal State.						
143A. Normal labour	—	2	—	2	—	
145. Other accidents of parturition	—	1	1	1	—	
IX. Affections of the Skin and Cellular Tissues.						
152. Carbuncle	—	1	—	1	—	
XIV. Affections Produced by External Causes.						
183. Gunshot wound (necessitating amputation through thigh)	—	1	—	1	1	Complicated by malaria.
XV. Ill-defined Diseases.						
205a. Shock	—	1	—	1	—	
TOTAL	—	15	1	15	1	

TABLE V—continued.

RETURN OF DISEASES AND DEATHS (EUROPEAN IN-PATIENTS) FOR THE YEAR 1930.

FORT JAMESON HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5. Malaria	—	11	—	11	—	
25h. Trypanosomiasis	—	2	1	2	—	
III. Affections of the Nervous System and Organs of the Senses.						
82B. Neuritis	—	1	—	1	—	
85b. Conjunctivitis	—	1	—	1	—	
IV. Affections of the Circulatory System.						
90b. Myocarditis	—	1	—	1	—	
VI. Diseases of the Digestive System.						
108A. Pyorrhœa	—	2	—	2	—	
109. Tonsillitis	—	7	—	7	—	
112. Gastritis	—	1	—	1	—	
122. Cirrhosis of liver	—	1	—	1	—	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
133. Cystitis	—	1	—	1	—	
VIII. Puerperal State.						
143A. Normal labour	—	3	—	3	—	
143B(a). Abortion	—	1	—	1	—	
XIV. Affections Produced by External Causes.						
201C. Fracture	—	1	—	1	—	
TOTAL	—	33	1	33	—	

MONGU HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
16b. Bacillary dysentery	—	1	—	1	—	
VIII. Puerperal State.						
143A. Normal labour	—	4	—	4	—	
143B(a). Abortion	—	1	—	1	—	
TOTAL	—	6	—	6	—	

TABLE VA.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

LIVINGSTONE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
1a. Typhoid fever	—	19	9	19	—	
3. Relapsing fever.. ..	—	2	—	2	—	
5c. Malaria	2	66	11	68	—	
6. Smallpox	1	4	2	5	—	
7. Measles	—	3	—	3	—	
11. Influenza	8	246	84	254	—	
16a. Dysentery (amœbic)	—	3	1	3	—	
b. „ (bacillary)	—	10	3	10	—	
20. Leprosy	2	12	2	14	—	
24. Cerebrospinal fever	—	24	17	24	—	
25b. Chicken-pox	6	29	—	35	—	
31. Pulmonary tuberculosis	2	11	6	13	—	
35. Tuberculosis of bones and joints	—	5	—	5	—	
38c. Tertiary syphilis	—	14	4	14	—	
38e. Syphilis (period not indicated)	6	102	—	108	—	
40a. Gonorrhœa	2	25	—	27	—	
41. Septicæmia	—	13	13	13	—	
II. General Diseases not mentioned above.						
50. Lipoma	—	3	—	3	—	
52. Chronic Rheumatism	1	7	—	8	—	
53. Scurvy	4	105	—	109	—	
60. Thyroid	—	6	1	6	—	
64. Ruptured spleen	—	2	2	2	—	
Splenic abscess	—	1	—	1	—	
69. Onyhalai	—	1	—	1	—	
Filariasis	—	4	1	4	—	
III. Affections of the Nervous System and Organs of the Senses.						
71. Meningitis	—	—	—	—	—	
74b. Apoplexy	—	1	1	1	—	
77. Mental alienation	1	8	—	9	—	
78. Epilepsy.. ..	—	3	1	3	—	
85b. Conjunctivitis	—	32	—	32	—	
85e. Other affections of the eye	—	18	—	18	—	
86. Otitis media	—	2	—	2	—	
IV. Affections of the Circulatory System.						
90b. Myocarditis	1	11	8	12	—	
V. Affections of the Respiratory System.						
102. Pleurisy	—	1	1	1	—	
Carried forward.. ..	36	793	167	829	—	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

LIVINGSTONE HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	36	793	167	829	—	
VI. Diseases of the Digestive System.						
108b. Stomatitis	—	2	—	2	—	
109. Tonsillitis	—	2	—	2	—	
114. Enteritis	—	2	1	2	—	
115. Ankylostomiasis	1	82	—	83	—	
118. Hernia	—	8	—	8	—	
122. Cirrhosis of liver	—	1	—	1	—	
127. Intestinal obstruction	—	18	5	18	—	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
129. Nephritis (chronic)	—	5	3	5	—	
130b. Bilharzia	—	11	1	11	—	
134b. Urethral fistula	1	3	—	4	—	
138. Salpingitis	—	7	1	7	—	
VIII. Puerperal State.						
142. Mastitis	—	1	—	1	—	
143a. Normal labour	—	13	—	13	—	
143B(c). Prolonged labour	1	1	1	2	—	
143B(a). Abortion	—	10	1	10	—	
IX. Affections of the Skin and Cellular Tissues.						
153. Abscesses	—	2	—	2	—	
Ulcers	18	91	—	109	—	
Cellulitis	1	—	—	1	—	
154a. Tenia	—	1	—	1	—	
154b. Scabies	2	8	—	10	—	
X. Diseases of Bones and Organs of Locomo- tion (other than Tuberculosis).						
156. Periostitis	3	12	—	15	—	
157. Synovitis	1	5	—	6	—	
157. Arthritis	—	5	—	5	—	
159. Other diseases of bones	—	1	—	1	—	
XIV. Affections Produced by External Causes.						
176. Snake bite	—	6	3	6	—	
Crocodile bite	—	1	1	1	—	
178. Burns	—	3	—	3	—	
184. Wounds by cutting and stabbing instruments	—	9	—	9	—	
201c. Fractures	—	12	—	12	—	
202. General external injuries	—	90	—	90	—	
TOTAL	64	1,205	184	1,269	—	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

CHOMA HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5c. Malaria aestivo-autumnal ..	1	16	—	17	2	
6. Alastrim.. ..	—	4	—	4	2	
11. Influenza	—	1	—	1	—	
16c. Dysentery	—	8	1	8	—	
20. Leprosy	3	16	—	19	6	
25g. Yaws	—	321	—	321	7	
31. Pulmonary tuberculosis ..	—	1	—	1	—	
38a. Primary syphilis	1	39	—	40	5	
40. Gonorrhœa	—	4	—	4	—	
50. Sebaceous cyst	—	1	—	1	—	
52. Chronic rheumatism	2	16	—	18	—	
III. Affections of the Nervous System and Organs of the Senses.						
71. Meningitis	—	1	—	1	—	
77. Dementia	—	2	—	2	—	
78. Epilepsy.. ..	—	1	—	1	—	
85b. Conjunctivitis	1	9	—	10	—	
85c. Trachoma	—	3	—	3	1	
86. Otitis media	—	1	—	1	—	
IV. Affections of the Circulatory System.						
90a. Mitral	—	1	—	1	—	
90b. Myocarditis	—	1	—	1	—	
93. Hæmorrhoids	—	1	—	1	—	
V. Affections of the Respiratory System.						
99b. Chronic bronchitis	—	6	—	6	—	
100. Broncho pneumonia	5	8	2	13	1	
101a. Lobar	—	6	4	6	—	
108A. Dental	—	1	—	1	—	
112. Gastritis.. ..	—	2	—	2	—	
114. Diarrhœa	—	1	—	1	1	
118. Hernia	—	2	—	2	—	
119b. Constipation	—	4	—	4	—	
127. Splenic Abscess.. ..	—	1	—	1	—	
Carried forward	13	478	7	491	25	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

CHOMA HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	13	478	7	491	25	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
129. Chronic nephritis	—	1	—	1	—	
130B. Schistosomiasis	—	3	—	3	—	
VIII. Puerperal State.						
144. Puerperal hæmorrhage ..	—	1	—	1	—	
IX. Affections of the Skin and Cellular Tissues.						
153. Abscess	—	12	—	12	1	
154a. Tinea	—	1	—	1	—	
154b. Scabies	1	2	—	3	—	
155. Elephantiasis	—	1	—	1	—	
Tropical ulcer	3	27	—	30	6	
XIV. Affections Produced by External Causes.						
176. Snake bite	—	1	—	1	—	
178. Burns	—	6	—	6	—	
184. Cuts	—	6	—	6	—	
185. Wounds	10	52	—	62	3	
189. Dog bite	—	6	—	6	—	
201c. Fracture	1	2	—	3	—	
XV. 205A. Ascites						
	—	1	—	1	—	
TOTAL	28	600	7	628	35	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.
MAZABUKA NATIVE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5c. Malaria	—	68	—	68	—	
11. Influenza	—	29	—	29	—	
16b. Dysentery	—	9	—	9	—	
20. Leprosy	—	6	—	6	—	
31. Tuberculosis	—	3	2	3	—	
25g. Yaws	—	32	—	32	—	
38c. Syphilis	—	166	—	166	—	
25a. Rubeola	—	6	—	6	—	
II. General Diseases not mentioned above.						
53. Scurvy	—	15	—	15	—	
III. Affections of the Nervous System and Organs of the Senses.						
71. Meningitis	—	2	2	2	—	
73. Anterior poliomyelitis	—	2	—	2	—	
V. Affections of the Respiratory System.						
101b. Pneumonia	—	21	11	21	—	
VII. Diseases of the Genito-Urinary System (Non-Venereal).						
130b. Bilharzia	—	5	—	5	—	
131. Ascites	—	5	—	5	—	
IX. Affections of the Skin and Cellular Tissues.						
153. Tropical ulcers	—	60	—	60	—	
XIV. Affections produced by External Causes.						
178. Burns	—	5	—	5	—	
176. Snake bite	—	4	—	4	—	
183. Wounds (gunshot)	—	4	—	4	—	
XV. Ill-defined Diseases.						
205A. Surgical	—	95	2	95	—	
TOTAL	—	537	17	537	—	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

LUSAKA NATIVE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
3. Relapsing fever.. ..	—	1	—	1	—	
5. Malaria—						
(a) Malignant	—	35	1	35	—	
7. Measles	—	1	—	1	—	
11. Influenza	2	24	2	26	—	
16. Dysentery—						
(a) Amœbic	—	1	—	1	—	
(b) Bacillary	1	4	2	5	—	
20. Leprosy	—	6	—	6	—	
24. Epidemic cerebrospinal fever..	—	3	3	3	—	
25. Other epidemic diseases—						
(b) Varicella	—	4	—	4	—	
(g) Yaws	3	11	—	14	—	
(h) Trypanosomiasis ..	—	2	1	2	—	
31. Tuberculosis—						
Pulmonary	—	4	2	4	—	
Laryngeal	—	1	1	1	—	
33. Tuberculosis of the intestines..	—	1	1	1	—	
38. Syphilis—						
(a) Primary	5	5	—	10	—	
(b) Secondary	—	98	—	98	—	
(e) Period not indicated ..	—	1	—	1	—	
40A. Gonorrhœa and its complica- tions	—	13	—	13	—	
41. Septicæmia	—	1	1	1	—	
II. General Diseases not mentioned above.						
44. Cancer of liver	—	1	1	1	—	
51. Acute rheumatism	—	23	—	23	—	
71. Pneumococcal meningitis ..	—	2	2	2	—	
III. Affections of the Nervous System and Organs of the Senses.						
77. Other forms of mental alienation	—	2	—	2	—	
78. Epilepsy	—	10	—	10	—	
85. Affections of the organs of vision—						
(b) Conjunctivitis	—	12	—	12	—	
(e) Other affections of the eye	—	2	—	2	—	
IV. Affections of the Circulatory System.						
87. Pericarditis (septic)	—	1	—	1	—	
88. Acute septic endocarditis ..	—	1	—	1	—	
90. Other diseases of the heart—						
(b) Aortic	—	1	—	1	—	
Carried forward.. ..	11	271	17	282	—	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

LUSAKA NATIVE HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	11	271	17	282	—	
V. Affections of the Respiratory System.						
99. Bronchitis—						
(a) Acute	—	16	—	16	—	
100. Broncho pneumonia	—	10	1	10	—	
101. Pneumonia—						
(a) Lobar	2	10	4	12	—	
102. Pleurisy empyema	—	1	—	1	—	
VI. Diseases of the Digestive System.						
114. Diarrhœa and enteritis (2 years and over)	1	17	—	18	—	
115. Ankylostomiasis	—	1	—	1	—	
118. Hernia	—	2	—	2	—	
122. Cirrhosis of liver—						
(b) Other forms	—	1	1	1	—	
VII. Diseases of the Genito-Urinary System.						
128. Acute nephritis	—	2	2	2	—	
134. Diseases of the urethra—						
(b) Other	—	2	—	2	—	
VIII. Puerperal State.						
143B. Accidents of pregnancy—						
(a) Abortion	—	1	—	1	—	
(c) Other accidents of preg- nancy	—	3	3	3	—	
IX. Affections of the Skin and Cellular Tissues.						
152. Boil	—	1	—	1	—	
153. Abscess	3	2	—	5	—	
154B. Scabies	—	1	—	1	—	
155. Other affections of the skin—						
Tropical ulcer	2	50	—	52	—	
XIV. Affections Produced by External Causes.						
176. Attacks of poisonous animals —						
Snake bite	—	2	—	2	—	
178. Burns by fire	—	16	3	16	—	
183. Wounds by firearms	—	2	—	2	—	
184. Wounds by cutting or stabbing instruments	—	20	—	20	—	
185. Wounds by fall	—	6	—	6	—	
188. Wounds by crushing, e.g., railway accidents	—	2	—	2	—	
201A. Dislocation	—	1	—	1	—	
B. Sprain	—	2	—	2	—	
C. Fracture	—	5	—	5	—	
TOTAL	19	447	34	466	—	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

KASAMA NATIVE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
3. Relapsing fever	—	10	—	10	1	
5. Malaria	1	133	1	134	—	
11. Influenza	—	4	—	4	—	
20. Leprosy	8	7	—	15	—	
25. Varicella	—	3	—	3	—	
25g. Yaws	—	3	—	3	—	
31. Tuberculosis, joint	—	2	—	2	—	
„ pulmonary	—	1	—	1	—	
38. Syphilis	—	28	—	28	—	
40. Gonorrhœa	—	5	—	5	—	
41. Septicæmia	—	1	1	1	—	
II. General Diseases not mentioned above.						
43. Sarcoma	—	1	—	1	—	
46. Carcinoma uteri	—	1	—	1	—	
50. Lipoma, ganglion	—	2	—	2	—	
52. Rheumatism	1	10	—	11	—	
58. Anæmia	—	11	—	11	—	
III. Affections of the Nervous System and Organs of the Senses.						
72. Locomotor ataxia	—	1	—	1	1	
75. Paralysis	1	—	—	1	—	
78. Epilepsy	—	2	—	2	—	
82. Neuritis	—	—	—	—	—	
85. Conjunctivitis	—	17	—	17	1	
Iritis, keratitis	—	2	—	2	—	
86. Otitis media	—	4	—	4	—	
IV. Affections of the Circulatory System.						
94. Lymphadenitis	—	1	—	1	—	
V. Affections of the Respiratory System.						
97. Rhinitis	—	1	—	1	—	
99. Bronchitis	—	11	—	11	—	
101. Pneumonia, lobar	—	2	1	2	—	
102. Pleurisy	—	7	—	7	—	
100. Broncho-pneumonia	—	1	1	1	—	
VI. Diseases of the Digestive System.						
108. Dental caries	—	3	—	3	—	
Stomatitis	—	—	—	—	—	
114. Diarrhœa	—	21	—	21	—	
118. Hernia	—	1	—	1	—	
119. Constipation	—	8	—	8	—	
Anal fistula	—	1	—	1	—	
124. Jaundice	—	1	—	1	—	
127. Splenic abscess	—	1	1	1	—	
Carried forward	11	307	5	318	3	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

KASAMA NATIVE HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	11	307	5	318	3	
VII. Diseases of the Genito-Urinary System.						
133. Cystitis	—	1	—	1	—	
136. Hydrocele	—	2	—	2	—	
141. Metritis	—	—	—	—	—	
Amenorrhœa	—	—	—	—	—	
142. Mastitis	—	3	—	3	—	
VIII. Puerperal State.						
143. Normal labour	—	2	—	2	—	
B. Abortion	—	4	1	4	1	
IX. Affections of the Skin and Cellular Tissues.						
152. Boil	—	—	—	—	—	
153. Tropical ulcer	1	16	—	17	3	
Abscess cellulitis	—	7	—	7	—	
154. Scabies	—	4	—	4	—	
155. Pediculi, impetigo, keloid, eczema, ulcers	—	1	—	1	—	
X. Diseases of Bones and Organs of Locomotion.						
156. Osteomyelitis	—	1	—	1	—	
157. Synovitis	—	4	—	4	—	
Septic synovitis	—	1	1	1	—	
XII. Diseases of Infancy.						
162. Marasmus	—	1	—	1	—	
XIV. Affections Produced by External Causes.						
170. Suicide by firearm	—	1	1	1	—	
175. Toxic poisoning	—	1	—	1	—	
176. Snake bite	—	2	—	2	—	
Crocodile bite	—	1	1	1	—	
178. Burns	—	3	—	3	—	
183. Wounds, gunshot	—	2	—	2	1	
184. „ incised (spear)	—	4	—	4	—	
185. „ lacerated	2	22	—	24	3	
189. Bite, leopard	—	1	—	1	—	
„ human	—	1	—	1	—	
201. Sprain	—	—	—	—	—	
Fracture	—	2	—	2	—	
202. Bruises	—	—	—	—	—	
XV. Ill-defined Diseases.						
205. Asthenia	—	5	—	5	1	
Ascites	—	2	—	2	—	
TOTAL	14	401	9	415	12	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

FORT ROSEBERY NATIVE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
3. Relapsing fever	—	4	—	4	—	
5. Malaria	1	32	—	33	1	
16a. Dysentery—Amœbic	—	1	—	1	—	
20. Leprosy	—	3	—	3	—	
25b. Chicken-pox	1	3	—	4	—	
25g. Yaws	5	84	—	89	—	
38. Syphilis	1	66	—	67	1	
40. Gonorrhœa	—	1	—	1	—	
41. Septicæmia	1	—	—	1	—	
II. General Diseases not mentioned above.						
60. Thyroid	—	5	—	5	—	
III. Affections of the Nervous System and Organs of the Senses.						
75. Paralysis	—	2	—	2	—	
85a. Diseases of the eye	1	12	—	13	—	
V. Affections of the Respiratory System.						
99. Bronchitis	—	1	—	1	1	
101b. Pneumonia (unclassified) ..	—	1	—	1	1	
IX. Affections of the Skin and Cellular Tissues.						
154b. Itch	—	1	—	1	—	
153. Abscess	—	2	—	2	2	
155. Other affections of the skin—						
Chigoes	—	6	—	6	—	
Tropical ulcers	1	30	—	31	—	
X. Diseases of Bones and Organs of Loco- motion (other than Tuberculosis).						
157. Arthritis	—	2	—	2	1	
XIV. Affections Produced by External Causes.						
183. Wounds by firearms	—	2	1	2	1	
189. Bites inflicted by animals ..	—	2	—	2	—	
202. Other external injuries ..	—	5	—	5	3	
XV. Ill-defined Diseases.						
205. Shock	—	1	1	1	—	
A. Observation	2	5	—	7	—	
XVI. Diseases, the Total of which has not caused 10 Deaths						
	—	68	—	68	—	
TOTAL	13	339	2	352	11	

TABLE VA—continued.

**RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE PERIOD OCTOBER TO
DECEMBER (ONLY) 1930.**

SOLWEZI HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5. Malaria	—	1	—	1	—	
20. Leprosy	—	4	—	4	—	
25g. Yaws	—	48	—	48	—	
38. Syphilis	—	30	—	30	—	
40. Gonorrhœa	—	4	—	4	—	
II. General Diseases not mentioned above.						
47. Tumour of breast	—	1	1	1	—	
60. Goitre	—	7	—	7	—	
III. Affections of the Nervous System and Organs of the Senses.						
75. Spastic paraplegia	—	1	—	1	—	
77. Mental alienation	—	2	—	2	—	
85b. Conjunctivitis	—	6	—	6	—	
85e. Affections of the organs of vision—Obital tumour	—	1	—	1	—	
IV. Affections of the Circulatory System.						
90. Heart conditions	—	3	—	3	—	
V. Affections of the Respiratory System.						
99. Bronchitis	—	15	—	15	—	
101b. Pneumonia	—	3	1	3	—	
107. Phthisis	—	1	—	1	—	
IX. Affections of the Skin and Cellular Tissues.						
155. Tropical ulcers	—	54	1	54	—	
Other diseases of the skin	—	10	—	10	—	
X. Diseases of Bones and Organs of Locomo- tion (other than Tuberculosis).						
157. Arthritis, etc.	—	22	—	22	—	
XIV. Affections Produced by External Causes.						
176. Attacks of poisonous animals— Snake bite	—	1	—	1	—	
XV. Ill-defined Diseases.						
205A. Madura	—	2	—	2	—	
Recurrent dislocation of joint	—	1	—	1	—	
Surgical cases	—	4	1	4	—	
TOTAL	—	221	4	221	—	

TABLE VIa—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

FORT JAMESON HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
3. Relapsing fever	—	24	—	24	2	
5. Malaria	—	39	1	39	—	
6. Smallpox	—	5	—	5	—	
11. Influenza	—	7	1	7	—	
16. Dysentery—undefined.. ..	—	3	—	3	—	
20. Leprosy	2	—	—	2	2	
24. Epidemic cerebrospinal fever	—	3	2	3	—	
25. Other epidemic diseases—						
(g) Yaws	—	1	—	1	—	
(h) Trypanosomiasis.. ..	—	1	—	1	—	
31. Tuberculosis, pulmonary	—	2	1	2	—	
33. Tuberculosis of the peritoneum	—	1	1	1	—	
38. Syphilis—(d) Hereditary	—	3	1	3	—	
(e) Period not indicated	1	16	—	17	1	
40A. Gonorrhœa and its complica- tions	—	9	1	9	—	
II. General Diseases not mentioned above.						
49. Malignant tumour of skull	—	1	—	1	—	
50. Tumours, non-malignant	—	1	—	1	—	
52. Chronic rheumatism	1	4	—	5	—	
54. Pellagra	—	1	—	1	—	
58. Anæmia (b)	—	1	—	1	1	
64. Diseases of the spleen	—	1	—	1	1	
III. Affections of the Nervous System and Organs of the Senses.						
77. Other forms of mental aliena- tion	—	2	—	2	—	
78. Epilepsy	—	3	—	3	—	
85. Affections of the organs of vision—						
(b) Conjunctivitis	—	5	—	5	—	
(d) Tumour of the eye	—	1	—	1	—	
(e) Other affections of the eye	1	1	—	2	—	
86. Affections of the ear	—	2	—	2	—	
IV. Affections of the Circulatory System.						
93. Diseases of the Veins—						
Hæmorrhoids	—	1	—	1	—	
Carried forward	5	138	8	143	7	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

FORT JAMESON HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	5	138	8	143	7	
V. Affections of the Respiratory System.						
97. Diseases of the nasal passages—						
Rhinitis	—	1	—	1	—	
98. Affections of the larynx—						
Laryngitis	—	1	—	1	—	
99. Bronchitis (a) Acute	—	7	—	7	—	
100. Broncho-pneumonia	—	4	1	4	2	
101. Pneumonia—(b) Unclassified	—	5	3	5	—	
102. Pleurisy	—	6	—	6	—	
107. Other affections of the lungs—						
Abscess	—	1	—	1	—	
VI. Diseases of the Digestive System.						
108A. Diseases of teeth or gums ..	—	1	—	1	—	
B. Other affections of the mouth—						
Cancrum oris	—	2	1	2	—	
112. Other affections of the stomach—						
Gastritis	—	1	—	1	—	
113. Diarrhoea and enteritis, under						
two years	—	3	1	3	—	
114. Diarrhoea and enteritis, two						
years and over	—	6	—	6	—	
115. Ankylostomiasis	—	1	—	1	—	
117. Appendicitis	—	1	—	1	1	
119A. Affections of the anus, fistula,						
etc.	—	2	—	2	—	
B. Other affections of the intestines—						
Constipation	—	2	—	2	—	
VII. Diseases of the Genito-Urinary System						
(Non-Venereal).						
136. Diseases (non-venereal) of the						
genital organs of man—						
Paraphimosis	—	1	—	1	—	
141B. Other affections of the female						
genital organs—						
Ulceration of the cervix	—	1	—	1	—	
VIII. Puerperal State.						
143B(a). Abortion	—	1	—	1	—	
145. Accidents of parturition ..	—	3	1	3	—	
Carried forward ..	5	188	15	193	10	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

FORT JAMESON HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	5	188	15	193	10	
IX. Affections of the Skin and Cellular Tissues.						
152. Boil	—	1	—	1	—	
153. Abscess	1	9	—	10	—	
Cellulitis	1	10	—	11	—	
154A. Tinea	—	1	—	1	—	
B. Scabies	—	3	—	3	—	
155. Other diseases of the skin—						
Elephantiasis	—	1	—	1	—	
Tropical ulceration ..	4	27	—	31	3	
Plantar keratosis	—	2	—	2	—	
X. Diseases of Bones and Organs of Locomotion (other than Tubercular).						
156. Osteitis	—	2	—	2	1	
157. Diseases of joints—						
Arthritis	—	4	—	4	—	
Synovitis	—	1	—	1	—	
XI. Malformations.						
159. Imperforate anus	—	1	1	1	—	
XII. Diseases of Infancy.						
160. Congenital debility	—	1	—	1	—	
XIV. Affections Produced by External Causes.						
176. Attacks of poisonous animals—						
Snake bite	—	1	—	1	—	
177. Other accidental poisonings ..	—	2	—	2	—	
178. Burns (by fire)	3	13	1	16	—	
179. Burns (other than by fire) ..	—	2	1	2	—	
184. Wounds (by cutting or stabbing instruments)	1	16	2	17	—	
187. Wounds (by machinery)	—	2	—	2	—	
189. Injuries inflicted by animals ..	—	1	—	1	1	
201B. Sprain	—	3	—	3	1	
C. Fracture	3	4	—	7	—	
202. Other external injuries	—	10	—	10	1	
XV. Ill-defined Diseases.						
205A. Ascites	—	1	—	1	1	
B. Malingering	—	3	—	3	—	
TOTAL	18	309	20	327	18	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.
ABERCORN HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5. Malaria	—	23	—	23	1	
6. Smallpox	1	8	—	9	—	
11. Influenza	1	3	—	4	—	
13. Mumps	—	1	—	1	—	
25g. Yaws	—	7	—	7	—	
38. Syphilis	—	2	—	2	1	
II. General Diseases not mentioned above.						
52. Rheumatism	1	7	—	8	—	
58b. Anæmia	1	—	—	1	—	
III. Affections of the Nervous System and Organs of the Senses.						
72. Locomotor ataxia	—	1	—	1	—	
78. Epilepsy	—	1	—	1	—	
85b. Conjunctivitis	—	8	—	8	—	
86. Otorrhœa	—	2	—	2	—	
V. Affections of the Respiratory System.						
99a. Bronchitis	1	9	—	10	—	
VI. Diseases of the Digestive System.						
112. Dyspepsia	—	3	—	3	—	
114. Diarrhœa	—	1	—	1	—	
115. Ankylostomiasis	—	1	—	1	—	
119B. Constipation	—	1	—	1	—	
VII. Diseases of the Genito-Urinary System.						
130B. Bilharzia	—	1	—	1	—	
141A. Metritis	—	1	—	1	—	
VIII. Affections of the Skin and Cellular Tissues.						
153. Cellulitis	1	4	—	5	—	
155. Ulcers	—	3	—	3	—	
XIII. Affections—Old Age.						
164. Senility	—	1	—	1	—	
XIV. Affections Produced by External Causes.						
178. Burns by fire	—	2	1	2	—	
179. Scalds	—	1	—	1	—	
184. Wounds	—	8	—	8	—	
189. Animal wounds	1	2	—	3	—	
201A. Dislocation	—	1	—	1	—	
XV. Ill-defined Diseases.						
205B. Malingering	—	2	—	2	—	
TOTAL	7	104	1	111	2	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

MONGU HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5c. Malaria (æstivo-autumnal) ..	1	155	—	156	3	
6. Smallpox—Alastrim	—	13	—	13	—	
11. Influenza	—	21	—	21	—	
16b. Bacillary dysentery	—	7	—	7	—	
20. Leprosy	—	1	—	1	—	
25b. Varicella	—	3	—	3	—	
31. Tuberculosis—Pulmonary ..	—	2	—	2	1	
36c. Tuberculous—Adenitis ..	1	—	—	1	—	
38a. (b) Syphilis—Primary and secondary	8	131	—	139	28	
38c. Syphilis—Tertiary	1	2	—	3	—	
38d. Hereditary	—	3	—	3	—	
40A. Gonorrhœa and its complications	—	13	—	13	—	
41. Septicæmia	—	1	1	1	—	
II. General Diseases not mentioned above.						
50. Tumours, non-malignant—						
Lipoma	—	3	—	3	1	
Fibroma	—	5	—	5	—	
Fibroolipoma (parotid) ..	—	1	—	1	—	
Sebaceous cysts	—	2	—	2	—	
51. Acute rheumatism	—	5	—	5	—	
52. Chronic rheumatism	1	6	—	7	—	
53. Scurvy	—	1	—	1	—	
54. Pellagra	—	1	—	1	—	
58b. Anæmia	—	1	—	1	—	
59. Hypopituitarism	—	1	—	1	—	
III. Affections of Nervous System and Organs of the Senses.						
71. Basal meningitis	—	1	1	1	—	
72. Locomotor ataxia	—	1	—	1	—	
75b. Paraplegia	—	1	—	1	—	
77. Mental alienation	—	3	—	3	—	
78. Epilepsy	—	2	—	2	—	
82B. Neuritis	—	1	—	1	—	
85a. Iritis	—	1	—	1	—	
Corneal ulcer	—	1	—	1	—	
85b. Conjunctivitis	1	17	—	18	—	
85c. Sub-conjunctival hæmorrhage	—	1	—	1	—	
86. Otitis media	—	1	—	1	—	
Carried forward ..	13	408	2	421	33	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

MONGU HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.	
		Adms.	Deaths.				
Brought forward ..	13	408	2	421	33		
IV. Affections of the Circulatory System.							
88. Acute myocarditis	—	1	—	1	—	Death from chronic suppura- tion and amyloid.	
89. Angina pectoria	—	1	—	1	—		
90b. Myocarditis	—	1	—	1	1		
94. Lymphangitis	—	3	—	3	—		
Lymphadenitis	—	4	1	4	1		
95. Epistaxis	—	2	—	2	—		
V. Affections of the Respiratory System.							
99a. Acute bronchitis	—	3	1	3	—		
100. Broncho pneumonia	—	6	1	6	1		
101a. Lobar pneumonia	—	13	4	13	—		
102. Pleurisy	—	2	—	2	—		
VI. Diseases of the Digestive System.							
108a. Pyorrhœa	—	1	—	1	—	Portal ob- struction.	
Alveolar abscess	—	1	—	1	—		
108B. Stomatitis	—	1	—	1	—		
109. Tonsillitis	—	5	—	5	—		
112. Gastritis	—	2	—	2	—		
113. Enteritis—under 2 years ..	—	1	—	1	—		
114. 2 years and over ..	—	6	—	6	—		
Colitis	—	2	—	2	—		
116. Tæniasis—Tænia saginata ..	—	3	—	3	—		
122. Atrophic cirrhosis of liver ..	—	1	1	1	—		
VII. Diseases of the Genito-Urinary System (Non-Venereal).							
129. Chronic nephritis	—	1	—	1	—		
130B. Schistosmiasis	—	1	—	1	1		
133. Cystitis	—	2	—	2	—		
134b. Urethral fistulæ	—	1	—	1	—		
136. Orchitis	—	1	—	1	—		
Necrosis of testes	—	1	—	1	—		
Hydrocele	—	1	—	1	—		
138. Salpingitis	—	2	—	2	—		
141B. Menorrhagia	—	1	—	1	—		
142. Mastitis	—	1	—	1	—		
Carried forward ..	13	479	10	492	37		

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

MONGU HOSPITAL—continued.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	13	479	10	492	37	
VIII. Puerperal State.						
145. Prolonged labour	-	1	-	1	-	
IX. Affections of the Skin and Cellular Tissues.						
151. Gangrene	1	2	1	3	-	
152. Boils	-	1	-	1	-	
153. Abscess	2	15	-	17	1	
Whitlow	-	1	-	1	-	
Cellulitis	4	24	-	28	1	
154B. Scabies	-	1	-	1	-	
155. Chigoes	-	1	-	1	-	
Ainhum	-	1	-	1	-	
Ulcer	2	7	-	9	2	
X. Diseases of Bones and Organs of Loco- motion.						
156. Necrosis of bone	-	1	-	1	-	
157. Arthritis	-	2	-	2	-	
Synovitis	-	5	-	5	1	
XIV. Affections Produced by External Causes.						
176. Snake bite	-	1	-	1	-	
Scorpion sting	-	1	-	1	-	
178. Burns (by fire)	-	4	-	4	-	
179. „ (other than by fire) ..	-	6	-	6	-	
183. Wounds (by firearms) ..	-	1	-	1	-	
184. „ (by cutting or stabbing instruments)	1	13	-	14	-	
185. Wounds (by fall)	-	8	-	8	2	
187. „ (by machinery) ..	-	1	-	1	-	
189. Injuries inflicted by animals—						
Crocodile bite	-	3	-	3	1	
Gored by ox	-	2	-	2	-	
Dog bite	-	1	-	1	-	
195. Lightning stroke	-	2	-	2	-	
201B. Sprain	1	2	-	3	-	
201C. Fracture	1	4	1	5	-	Death from fracture of spine.
202. Other external injuries ..	1	9	-	10	-	
XV. Ill-defined Diseases.						
205. Observation	-	2	-	2	-	
TOTAL	26	601	12	627	45	

TABLE VA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

BALOVALE HOSPITAL.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
5c. Malaria	—	26	—	26	—	
11. Influenza	—	1	—	1	—	
20. Leprosy	—	16	1	16	8	
38a. Syphilis (primary)	—	10	—	10	—	
b. „ (secondary)	—	10	—	10	—	
e. „ (period not indicated)	—	1	—	1	—	
39. Soft Chancre	—	34	—	34	—	
40a. Gonorrhoea and its complications	—	13	—	13	1	
II. General Diseases not mentioned above.						
50. Tumours (non-malignant) ..	—	2	—	2	—	
53. Scurvy	—	1	1	1	—	
III. Affections of the Nervous System and Organs of the Senses.						
71. Meningitis	—	1	1	1	—	
73. Other affections of the spinal cord	—	1	—	1	—	
85b. Conjunctivitis	—	13	—	13	—	
85e. Other affections of the eye ..	—	3	—	3	—	
86. Affections of the ear or mastoid sinus	—	1	—	1	—	
IV. Affections of the Circulatory System.						
90b. Myocarditis	—	1	—	1	—	
93. Hæmorrhoids	—	2	—	2	1	
94. Lymphadenitis	—	3	—	3	—	
V. Affections of the Respiratory System.						
99a. Bronchitis, acute	—	2	—	2	—	
100. Broncho pneumonia	—	3	—	3	—	
101a. Lobar pneumonia	—	1	—	1	—	
Carried forward ..	—	145	3	145	10	

TABLE VA—*continued*.

RETURN OF DISEASES AND DEATHS (NATIVE IN-PATIENTS) FOR THE YEAR 1930.

BALOVALE HOSPITAL—*continued*.

Diseases.	R. 1929.	Yearly Total.		Total Cases Treated.	R. 1930.	Remarks.
		Adms.	Deaths.			
Brought forward ..	—	145	3	145	10	
VI. Diseases of the Digestive System.						
108b. Stomatitis	—	3	—	3	—	
112. Dyspepsia	—	1	—	1	—	
115. Ankylostomiasis	—	3	1	3	—	
118. Hernia	—	1	—	1	—	
119b. Constipation	—	1	—	1	—	
IX. Affections of the Skin and Cellular Tissues.						
153. Abscess—Tropical ulcer ..	—	22	—	22	5	
155. Other diseases of the skin ..	—	3	—	3	—	
X. Diseases of Bones and Organs of Locomotion (other than Tuberculosis).						
156. Diseases of bones—Osteitis ..	—	5	1	5	1	
157. Diseases of joints—Arthritis ..	—	1	1	1	—	
XIV. Affections Produced by External Causes.						
176. Snake bite	—	1	—	1	1	
178. Burns (by fire)	—	7	—	7	3	
184. Wounds (by cutting or stabbing instruments)	—	1	—	1	—	
189. Injuries inflicted by animals ..	—	4	2	4	—	
201c. Fracture	—	2	—	2	—	
202. Other external injuries ..	—	7	—	7	—	
XV. Ill-defined Diseases.						
205a. Diseases not already specified ..	—	2	—	2	—	
TOTAL	—	209	8	209	20	

TABLE VI.

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

LIVINGSTONE HOSPITAL.

There were 1,805 attendances of European Out-patients at the Livingstone Hospital during the year, principally for dressings.

CHOMA HOSPITAL.

Diseases.						No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.							
5c.	Malaria (æstive-autumnal)	..	..	..	..	90	—
5e.	Blackwater	..	..	..	..	1	—
11.	Influenza	..	..	..	..	40	—
16a.	Dysentery (amœbic)	..	..	..	..	1	—
28.	Rabies suspects	..	..	..	..	7	—
36c.	T.B. glands	..	..	..	..	1	—
38a.	Primary syphilis	..	..	..	..	2	—
b.	Secondary syphilis	..	..	..	..	1	—
c.	Tertiary syphilis	..	..	..	..	1	—
40a.	Gonorrhœa	..	..	..	..	4	—
II. General Diseases not mentioned above.							
50.	Tumours	..	..	..	..	5	—
52.	Chronic rheumatism	..	..	..	..	8	—
58b.	Anæmia	..	..	..	..	14	—
60b.	Hypothyroidism	..	..	..	..	1	—
66.	Alcoholism	..	..	..	..	2	—
68.	Chronic poisoning—Morphia and cocaine	..	..	..	..	1	—
69.	Gout	..	..	..	..	1	—
III. Affections of the Nervous System and Organs of the Senses.							
77.	Melancholia	..	..	..	..	1	—
80.	Infantile convulsions	..	..	..	..	1	—
82a.	Hysteria	..	..	..	..	2	—
82b.	Neuritis	..	..	..	..	1	—
82c.	Neurasthenia	..	..	..	..	4	—
84.	Neuralgia	..	..	..	..	8	—
85b.	Conjunctivitis	..	..	..	..	4	—
85e.	Corneal ulcer	..	..	..	..	2	—
85e.	Hæmorrhage in ant. chamber	..	..	..	..	1	—
85e.	Foreign body in eye	..	..	..	..	3	—
86.	Otitis media	..	..	..	..	1	—
86.	Cerumen in ear	..	..	..	..	6	—
IV. Affections of the Circulatory System.							
90a.	Mitral disease	..	..	..	..	1	—
90b.	Myocarditis	..	..	..	..	3	1
93.	Hæmorrhoids	..	..	..	..	2	—
93.	Varicose veins	..	..	..	..	4	—
Carried forward						224	1

TABLE VI—*continued.*

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

CHOMA HOSPITAL—*continued.*

Diseases.						No. of Cases.	Deaths.
Brought forward						224	1
V. Affections of the Respiratory System.							
97.	Defected nasal septum	..	..	..	..	1	—
99a.	Acute bronchitis	..	..	..	..	1	—
99b.	Chronic bronchitis	..	..	..	..	3	—
101a.	Pneumonia (lobar)	..	..	..	..	1	—
VI. Diseases of the Digestive System.							
108a.	Dental caries	..	..	..	..	22	—
108b.	Ulcer tongue	..	..	..	..	1	—
109.	Tonsillitis	..	..	..	..	6	—
109.	Pharyngitis	..	..	..	..	2	—
112.	Gastritis	..	..	..	..	3	—
112.	Dyspepsia	..	..	..	..	11	—
113.	Diarrhœa, under two years	..	..	..	..	8	—
114.	Diarrhœa, over two years	..	..	..	..	2	—
115.	Ankylostomiasis	..	..	..	..	1	—
116a.	Cestodes	..	..	..	..	1	—
116e.	Intestinal myiasis	..	..	..	..	1	—
117.	Appendicitis	..	..	..	..	4	—
118.	Hernia	..	..	..	..	5	—
119b.	Constipation	..	..	..	..	15	—
124.	Cholecystitis	..	..	..	..	1	—
	Congested liver	..	..	..	..	2	—
130B.	Schistosomiasis	..	..	..	..	1	—
VII. Diseases of the Genito-Urinary System.							
136.	Phimosis	..	..	..	..	1	—
136.	Balamitis	..	..	..	..	1	—
138.	Salpingitis	..	..	..	..	2	—
141B.	Amenorrhœa	..	..	..	..	1	—
141B.	Dysmenorrhœa	..	..	..	..	9	—
142.	Mastitis	..	..	..	..	1	—
VIII. Puerperal State.							
143A.	Normal labour	..	..	..	..	1	—
143B.	Threatened abortion	..	..	..	..	2	—
143B.	Complete abortion	..	..	..	..	2	—
Carried forward						336	1

TABLE VI—*continued.*

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

CHOMA HOSPITAL—*continued.*

Diseases.							No. of Cases.	Deaths.
Brought forward							336	1
IX. Affections of the Skin and Cellular Tissues.								
152.	Boil	..	..	..	..	..	1	—
152.	Carbuncle	..	..	..	..	..	1	—
153.	Abscess	..	..	..	..	..	8	—
153.	Whitlow	..	..	..	..	..	5	—
153.	Cellulitis	..	..	..	..	..	5	—
154A.	Tinea	..	..	..	..	..	10	—
154B.	Scabies	..	..	..	..	..	2	—
155.	Urticaria	..	..	..	..	..	3	—
155.	Acne	..	..	..	..	..	3	—
	Other diseases of the skin	..	..	..	..	..	11	—
XII. Diseases of Infancy.								
162.	Icterus neonatorum	..	..	..	..	..	1	—
162.	Teething	..	..	..	..	..	4	—
XIV. Affections Produced by External Causes.								
176.	Insect bite	..	..	..	..	..	2	—
178.	Burns	..	..	..	..	..	1	—
179.	Scalds	..	..	..	..	..	2	—
184.	Wounds, by cutting	..	..	..	..	..	6	—
185.	Wounds, by fall	..	..	..	..	..	2	—
188.	Minor wounds, by crushing	..	..	..	..	..	15	—
189.	Animal bites	..	..	..	..	..	2	—
201B.	Sprains	..	..	..	..	..	7	—
201C.	Fractures	..	..	..	..	..	3	—
202.	Strained muscle	..	..	..	..	..	2	—
205.	Debility	..	..	..	..	..	9	—
205.	Convalescence	..	..	..	..	..	8	—
205.	" Cold "	..	..	..	..	..	14	—
205.	Pregnancy	..	..	..	..	..	11	—
TOTAL							474	1

TABLE VI—*continued.*

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

LUSAKA HOSPITAL.

Diseases.	No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.		
5c. Malaria	82	—
III. Affections of the Nervous System and Organs of the Senses.		
85e. Other affections of the eye	2	—
86. Affections of the ear	21	—
VI. Diseases of the Digestive System.		
108A. Diseases of the teeth or gums	5	—
127. Other affections of the digestive system ..	26	—
VII. Diseases of the Genito-Urinary System.		
134. Diseases of the urethra :—		
(6) Other	3	—
141B. Leucorrhœa	24	—
IX. Affections of the Skin and Cellular Tissues.		
153. Abscess	228	—
XIV. Affections produced by External Causes.		
176. Attacks of poisonous animals—insect bite ..	1	—
178. Burns, by fire	1	—
201C. Fracture	1	—
TOTAL	394	—

TABLE VI—continued.

RETURN OF DISEASES (EUROPEAN OUT-PATIENTS) FOR THE YEAR 1930.

KASAMA.

Diseases.	No. of Cases.
I. Epidemic, Endemic and Infectious Diseases.	
5. Malaria	6
11. Influenza	2
40. Gonorrhœa	1
II. General Diseases not mentioned above.	
52. Rheumatism	3
58. Anæmia	3
III. Nervous System—Organs of Senses.	
75. Hemiplegia	1
82. Neuralgia	1
85. Conjunctivitis	2
Amblyopia	1
86. Cerumen	4
V. Affections of Respiratory Organs.	
98. Laryngitis	1
99. Bronchitis	1
VI. Diseases of Digestive System.	
108. Dental caries	6
109. Tonsillitis	5
112. Dyspepsia	5
114. Diarrhœa	3
119. Constipation	1
IX. Affections of Skin and Cellular Tissues.	
152. Furunculosis	1
153. Cellulitis, veldt sores, ulcers	7
154. Scabies	1
155. Psoriasis	1
Chigoes	1
XIV. Affections produced by External Causes.	
175. Food poisoning	2
185. Wound, lacerated	1
201. Sprain	5
TOTAL	65

TABLE VI—*continued.*

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

FORT JAMESON.

Diseases.	Male.	Female.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.			
5. Malaria	22	13	—
(e) Blackwater	1	—	—
38. Syphilis (e) period not indicated..	8	—	—
III. Affections of the Nervous System and Organs of the Senses.			
78. Epilepsy	1	—	—
82. A. Hysteria	—	1	—
B. Neuritis.. .. .	3	4	—
C. Neurasthenia	—	1	—
85. Affections of the organs of vision—			
(a) Diseases of the eye	2	—	—
(b) Conjunctivitis	1	—	—
86. Affections of the ear	1	—	—
IV. Affections of the Circulatory System.			
90. Other diseases of the heart—			
(a) Valvular	1	—	—
(b) Myocarditis	—	1	—
93. Diseases of the veins—			
Hæmorrhoids	2	—	—
Varicose veins	1	—	—
V. Affections of the Respiratory System.			
97. Diseases of the nasal passages—			
Rhinitis	1	—	—
Coryza	1	3	—
99. Bronchitis (a) acute	1	1	—
VI. Diseases of the Digestive System.			
108. Diseases of teeth or gums	11	6	—
109. Affections of the pharynx or tonsils—			
Tonsillitis	2	1	—
112. Other affections of the stomach—			
Gastritis	—	2	—
Dyspepsia, etc.	2	2	—
113. Diarrhoea and enteritis—			
Under 2 years	1	—	—
114. Two years and over	5	—	—
Carried forward	67	35	—

TABLE VI—*continued.*

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

FORT JAMESON—*continued.*

Diseases.	Male.	Female.	Deaths.
Brought forward ..	67	35	—
VII. Diseases of the Genito-Urinary System (Non-Venereal).			
133. Diseases of the bladder—			
Cystitis	—	1	—
VIII. Puerperal State.			
143A. Normal labour	—	1	—
150. Puerperal affections of the breast ..	—	1	—
IX. Affections of the Skin and Cellular Tissues.			
152. Carbuncle	1	—	—
153. Cellulitis	2	—	—
154A. Tinea	1	—	—
155. Herpes	1	—	—
Impetigo	1	—	—
Pityriasis	—	1	—
Acute Dermatitis	—	2	—
Myiasis	2	—	—
X. Diseases of Bones and Organs of Locomotion (other than Tuberculosis).			
157. Diseases of joints—			
Synovitis	1	—	—
XIV. Affections produced by External Causes.			
175. Food poisoning	—	1	—
176. Attacks of poisonous animals—			
Snake bite	1	—	—
Insect bite	—	1	—
201A. Dislocation	1	—	—
B. Sprain	3	2	—
202. Other external injuries	2	2	—
XV. Ill-defined Diseases.			
205A. Asthenia	2	1	—
TOTAL	85	48	—

TABLE VI—*continued.*

RETURN OF DISEASES (EUROPEAN OUT-PATIENTS) FOR THE YEAR 1930.

TANGANYIKA PROVINCE.

Diseases.						No. of Cases.	Remarks.
I. Epidemic, Endemic and Infectious Diseases.							
3.	Relapsing fever	..	..	..	..	1	—
5c.	Malaria	..	..	..	..	11	—
16a.	Amœbic dysentery	..	..	..	..	4	—
7.	Measles	..	..	..	..	1	—
II. General Diseases not mentioned above.							
52.	Rheumatism	..	..	..	..	2	—
58b.	Anæmia	..	..	..	..	8	—
III. Affection of the Nervous System and Sensory Organs.							
75b.	Musculospiral paralysis	..	..	..	..	1	—
82b.	Neuralgia and neuritis	..	..	..	..	4	—
85e.	Foreign body in eye	..	..	..	..	1	—
86.	Cerumen	..	..	..	..	1	—
IV. Affections of the Circulatory System.							
93.	Hæmorrhoids	..	..	..	..	1	—
V. Affections of the Respiratory System.							
99.	Bronchitis	..	..	..	..	2	—
102.	Pleurisy	..	..	..	..	1	—
VI. Diseases of the Digestive System.							
108a.	Caries	..	..	..	..	1	—
b.	Gingivitis	..	..	..	..	1	—
112.	Dyspepsia and gastritis	..	..	..	..	3	—
114.	Diarrhœa	..	..	..	..	2	—
124.	Jaundice	..	..	..	..	1	—
127.	Colic	..	..	..	..	1	—
VII. Diseases of the Genito-Urinary System (Non-Venereal).							
136.	Phimosis	..	..	..	..	1	Circumcision.
Carried forward						48	—

TABLE VI—*continued*.

RETURN OF DISEASES (EUROPEAN OUT-PATIENTS) FOR THE YEAR 1930.

TANGANYIKA PROVINCE—*continued*.

Diseases.						No. of Cases.	Remarks.
Brought forward						48	—
VIII. Puerperal State.							
143a.	Labour	..	..	..	..	1	—
IX. Affections of the Skin and Cellular Tissues.							
152.	Boil	..	..	..	..	1	—
163.	Cellulitis	..	..	..	..	4	—
155.	Veldt sores	..	..	..	..	1	—
	Jiggers	..	..	..	..	1	—
XIV. Affections caused by External Causes.							
176.	Insect bite	..	..	..	..	1	—
178.	Burns	..	..	..	..	2	—
194.	Sunstroke	..	..	..	..	1	—
201B.	Sprain	..	..	..	..	2	—
XV. Ill-defined Diseases.							
205A.	Pyrexia, uncertain origin	..	..	..	..	1	—
	Undiagnosed	..	..	..	..	1	—
	Vaccinations	..	..	..	..	3	—
TOTAL						67	—

TABLE VI—*continued.*

**RETURN OF DISEASES AND DEATHS (EUROPEAN OUT-PATIENTS) FOR
THE YEAR 1930.**

MONGU HOSPITAL—*continued.*

Diseases.	No. of Cases.	Deaths.
Brought forward	85	—
VII. Diseases of the Genito-Urinary System.		
141B. Menorrhagia ..	2	—
142. Mastitis ..	2	—
VIII. Puerperal State.		
143B. (a) Threatened abortion ..	1	—
IX. Affections of the Skin and Cellular Tissues.		
152. Boils ..	2	—
153. Whitlow ..	1	—
Cellulitis ..	5	—
155. Urticaria ..	2	—
Other diseases of the skin ..	3	—
XII. Diseases of Infancy.		
162. Anuria ..	1	—
Malnutrition ..	1	—
XIV. Affections Produced by External Causes.		
176. Insect bite ..	1	—
184. Wounds by cutting or stabbing instruments ..	1	—
194. Heat stroke ..	1	—
201B. Sprain ..	1	—
XV. Ill-defined Diseases.		
205A. Asthenia ..	1	—
TOTAL	110	—

TABLE VIA.

RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR THE YEAR 1930.

LIVINGSTONE NATIVE HOSPITAL.

Diseases.	No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.		
5. Malaria	127	—
16. Dysentery	5	—
20. Leprosy	22	—
38c. Tertiary syphilis	15	—
d. Hereditary syphilis	4	—
40. Gonorrhœa	5	—
II. General Diseases not mentioned above.		
50. Lipoma	1	—
51. Rheumatism	70	—
53. Scurvy	6	—
60a. Goitre	2	—
III. Affections of the Nervous System and Organs of the Senses.		
85a. Corneal ulcer	1	—
85b. Conjunctivitis	226	—
85e. Other affections of the eye	7	—
Affections of the ear—		
86. [Otitis media]	66	—
Other affections of the ear	4	—
IV. Affections of the Circulatory System.		
90a. Mitral	1	—
94. Lymphangitis	6	—
V. Affections of the Respiratory System.		
97. Coryza	5	—
98. Laryngitis	10	—
99. Bronchitis	4	—
101a. Lobar pneumonia	1	—
107. Bronchial catarrh	99	—
VI. Diseases of the Digestive System.		
108A. Dental caries	156	—
Alveolar abscess	1	—
108B. Stomatitis	5	—
109. Tonsillitis	5	—
112. Dyspepsia	4	—
114. Diarrhœa	4	—
115. Ankylostomiasis	7	—
118. Hernia	1	—
119B. Constipation	30	—
127. Other affections of the digestive system	1	—
Carried forward	901	—

TABLE VIA—*continued.*

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

LIVINGSTONE NATIVE HOSPITAL—*continued.*

Diseases.						No. of Cases.	Deaths.
Brought forward						901	—
VII. Diseases of the Genito-Urinary System.							
136.	Orchitis	..	..	..	..	2	—
143B. (a)	Abortion	..	..	..	..	1	—
145.	Retained membranes	..	..	..	..	1	—
146.	Puerperal fever	..	..	..	..	1	—
IX. Affections of the Skin and Cellular Tissues.							
152.	Boils	..	..	..	..	20	—
	Carbuncles	..	..	..	..	3	—
153.	Abscess	..	..	..	..	4	—
	Cellulitis	..	..	..	..	14	—
154A.	Tinea	..	..	..	..	1	—
	Scabies	..	..	..	..	20	—
155B.	Tropical ulcer	..	..	..	..	79	—
	Other diseases of the skin	..	..	..	..	5	—
X. Diseases of Bones and Organs of Locomotion (other than Tuberculosis).							
157.	Synovitis	..	..	..	..	10	—
158.	Osteomyelitis	..	..	..	..	1	—
	Periostitis	..	..	..	..	1	—
	Other diseases of bones	..	..	..	..	4	—
XIV. Affections Produced by External Causes.							
176.	Scorpion bite	..	..	..	..	1	—
	Insect bite	..	..	..	..	2	—
178.	Burns	..	..	..	..	36	—
189.	Dog bite	..	..	..	..	10	—
201B.	Sprain	..	..	..	..	8	—
	C. Fractures	..	..	..	..	12	—
202.	Other external injuries	..	..	..	..	399	—
XII. Diseases of Infancy.							
160.	Marasmus	..	..	..	..	2	—
XV. Ill-defined Diseases.							
205.	Observation	..	..	..	..	24	—
	B. Malingering	..	..	..	..	1	—
TOTAL						1,563	—

Total attendances, 7,536.

TABLE VIA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR THE YEAR 1930.

CHOMA HOSPITAL.

Diseases.	No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.		
5. Malaria	29	—
25g. Yaws	3	—
38. Syphilis	21	—
40A. Gonorrhœa	7	—
II. General Diseases not mentioned above.		
51. Rheumatism	42	—
III. Affections of the Nervous System and Organs of the Senses.		
85b. Conjunctivitis	149	—
86. Affections of the ear or mastoid sinus	24	—
V. Affections of the Respiratory System.		
100. Broncho-pneumonia	1	—
VI. Diseases of the Digestive System.		
108A. Dental extractions	85	—
114. Diarrhœa	21	—
119B. Constipation	47	—
IX. Affections of the Skin and Cellular Tissues.		
153. Abscess	13	—
154B. Scabies	10	—
155. Tropical ulcers	12	—
XIV. Affections Produced by External Causes.		
178. Burns	16	—
184. Cuts	20	—
189. Dog bites	9	—
202. Wounds	271	—
XV. Ill-defined Diseases.		
205. Coughs, colds, etc.	106	—
TOTAL	886	—

TABLE VIa—continued.

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

LUSAKA.

Diseases.	No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.		
5. (c) Aestivo-autumnal	98	—
11. Influenza	13	—
16. Dysentery—		
(a) Amœbic	3	—
20. Leprosy	1	—
38. Syphilis	289	—
40A. Gonorrhœa and its complications	1	—
III. Affections of the Nervous System and Organs of the Senses.		
78. Epilepsy	2	—
85. Affections of the organs of vision	165	—
IV. Affections of the Circulatory System.		
90. Other diseases of the heart—		
(a) Mitral	1	—
V. Affections of the Respiratory System.		
99. Bronchitis	14	—
100. Broncho-pneumonia	4	—
VI. Diseases of the Digestive System.		
108A. Diseases of teeth or gums	106	—
109. Affections of the pharynx or tonsils	2	—
114. Diarrhœa and enteritis	53	—
116. Diseases due to intestinal parasites—		
(c) Ascaris	8	—
VII. Diseases of the Genito-Urinary System (Non-Venereal).		
129. Chronic	2	—
VIII. Puerperal State.		
143B. Accidents of pregnancy	1	—
IX. Affections of the Skin and Cellular Tissues.		
153. Abscess	241	—
154. Scabies	15	—
XIV. Affections produced by External Causes.		
178. Burns (by fire)	68	—
185. Wounds (by fall)	208	—
XVI. Diseases, the total of which have not caused 10 deaths ..	269	—
TOTAL	1,564	—

TABLE VIA—*continued.*

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

KASAMA HOSPITAL—*continued.*

Diseases.		No. of Cases.	Deaths.
Brought forward		1,894	—
IX. Affections of Skin and Cellular Tissues.			
152.	Boils	5	—
153.	Abscess, cellulitis	98	—
	Tropical ulcer	1	—
154.	Scabies	48	—
155.	Pediculi, impetigo	11	—
	Eczema erythema	3	—
	Keloid	1	—
	Ulcers	32	—
X. Diseases of Bones and Organs of Locomotion.			
157.	Synovitis	7	—
	„ (septic)	1	—
XII. Diseases of Infancy.			
162.	Marasmus	7	—
XIV. Affections produced by External Causes.			
173.	Burns	16	—
184.	Wounds, incised	1	—
185.	„ lacerated	480	—
201.	Sprain	2	—
202.	Bruises	8	—
TOTAL		2,615	—

TABLE VIA—continued.

RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR THE YEAR 1930.

ABERCORN HOSPITAL.

Diseases.	No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.		
5. Malaria	250	—
11. Influenza	15	—
16. Dysentery	10	—
25b. Varicella	2	—
25g. Yaws	3	—
38. Syphilis	18	—
40. Gonorrhœa	1	—
II. General Diseases not mentioned above.		
50. Cyst	2	—
52. Rheumatism, chronic	60	—
58. Anæmia	2	—
III. Affections of the Nervous System and Sensory Organs.		
78. Epilepsy	—	—
82b. Neuritis	1	—
85a. Iritis	1	—
85b. Conjunctivitis	424	—
86. Otorrhœa	23	—
V. Affections of the Respiratory System		
99a. Bronchitis, acute	716	—
VI. Diseases of the Digestive System.		
108A. Caries	45	—
108B. Stomatitis	8	—
109. Tonsillitis	1	—
112. Indigestion	2	—
113. Diarrhœa (under 2)	2	—
114. „ (over 2)	41	—
119B. Constipation	279	—
VII. Diseases of the Genito-Urinary System.		
141. Dysmenorrhœa	1	—
VIII. Puerperal State.		
149. Sequelæ of labour	1	—
IX. Affections of the Skin and Cellular Tissues.		
152. Boils	2	—
153. Cellulitis	22	—
154B. Scabies	10	—
155. Ulcers	71	—
Carried forward	2,013	—

TABLE VIA—*continued.*

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

ABERCORN HOSPITAL—continued.

Diseases.	No. of Cases.	Deaths.
Brought forward	2,013	—
XIV. Affections produced by External Causes.		
175. Food poisoning (lathyrism)	3	—
176. Snake bite	3	—
178. Burns	28	—
184. Cuts, etc.	575	—
201. Sprains	1	—
205. Malingering	1	—
TOTAL	2,624	—

FORT ROSEBERY NATIVE HOSPITAL.

Diseases.	No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.		
5. Malaria	241	—
16a. Dysentery (amoebic)	10	—
20. Leprosy	1	—
38. Syphilis	16	—
II. General Diseases not mentioned above.		
60. Thyroid	57	—
69. Filariasis	1	—
III. Affections of the Nervous System and Organs of the Senses.		
85b. Conjunctivitis	107	—
V. Affections of the Respiratory System.		
99. Bronchitis	42	—
VI. Diseases of the Digestive System.		
108A. Pyorrhoea	7	—
IX. Affections of the Skin and Cellular Tissues.		
153. Ulcers	410	—
XIV. Affections Produced by External Causes.		
183. Gunshot Wounds	1	—
202. Other external injuries	20	—
Surgical, unspecified	641	—
Medical, unspecified	559	—
TOTAL	2,113	—

TABLE VIA—*continued.*

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

FORT JAMESON HOSPITAL.

Diseases.						No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.							
3.	Relapsing fever	..	..	..	..	17	—
5.	Malaria	..	..	..	..	227	—
11.	Influenza	..	..	..	..	7	—
13.	Mumps	..	..	..	..	1	—
16.	Dysentery—undefined	..	..	..	..	13	—
38.	Syphilis (<i>d</i>) Hereditary	..	..	..	..	1	—
	(<i>e</i>) Period not indicated	..	..	..	..	15	—
40.	Gonorrhoea	..	..	..	..	8	—
II. General Diseases not mentioned before.							
50.	Tumours, non-malignant	..	..	..	..	1	—
52.	Chronic rheumatism	..	..	..	..	24	—
53.	Scurvy	..	..	..	..	1	—
54.	Pellagra	..	..	..	..	1	—
64.	Diseases of the spleen	..	..	..	..	1	—
III. Affections of the Nervous System and Organs of the Senses.							
78.	Epilepsy	..	..	..	..	3	—
82B.	Neuritis	..	..	..	..	3	—
85.	Affections of the organs of vision—						
	(<i>b</i>) Conjunctivitis	..	..	..	..	152	—
	(<i>d</i>) Tumours of eye	..	..	..	..	1	—
	(<i>e</i>) Other affections of the eye	..	..	..	..	13	—
86.	Affections of the ear	..	..	..	..	24	—
IV. Affections of the Circulatory System.							
90.	Other diseases of the heart—						
	(<i>a</i>) Valvular	..	..	..	..	2	—
	(<i>b</i>) Myocarditis	..	..	..	..	1	—
V. Affections of the Respiratory System.							
97.	Diseases of the nasal passages—Rhinitis	..	..	..	..	1	—
98.	Laryngitis	..	..	..	..	1	—
99.	Bronchitis—chronic	..	..	..	..	177	—
101.	Pneumonia—unclassified	..	..	..	..	13	—
102.	Pleurisy	..	..	..	..	1	—
VI. Diseases of the Digestive System.							
108A.	Diseases of teeth or gums	..	..	..	..	93	—
B.	Stomatitis	..	..	..	..	2	—
	Glossitis	..	..	..	..	3	—
109.	Tonsillitis	..	..	..	..	3	—
113.	Diarrhoea and enteritis—						
	Under two years	..	..	..	..	7	—
	Two years and over	..	..	..	..	24	—
Carried forward						841	—

TABLE VI A—*continued.*

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

FORT JAMESON HOSPITAL—*continued.*

Diseases.	No. of Cases.	Deaths.
Brought forward ..	841	—
VI. Diseases of the Digestive System—<i>continued.</i>		
116. Diseases due to intestinal parasites—unclassified	1	—
119B. Constipation	40	—
124. Abscess of liver	1	—
127. Other affections of the digestive system	13	—
VII. Diseases of the Genito-Urinary System (Non-Venereal).		
130. Schistosomiasis	12	—
140. Uterine hæmorrhage (non-puerperal)	1	—
VIII. Puerperal State.		
143B. Accidents of pregnancy	1	—
150. Puerperal affections of the breast	3	—
IX. Affections of the Skin and Cellular Tissues.		
152. Boil	4	—
153. Abscess	19	—
Whitlow	3	—
Cellulitis	22	—
154A. Tinea	7	—
B. Scabies	28	—
155. Elephantiasis	2	—
Tropical ulceration	55	—
Other diseases of the skin	2	—
X. Diseases of Bones and Organs of Locomotion (other than Tubercular).		
157. Diseases of joints—synovitis	3	—
XII. Diseases of Infancy.		
162. Other affections of infancy	1	—
XIV. Affections Produced by External Causes.		
176. Attacks of poisonous animals—		
Snake bite	3	—
178. Burns (by fire)	25	—
184. Wounded (by cutting or stabbing instruments)	318	—
185. Wounds (by fall)	9	—
187. Wounds (by machinery)	2	—
201A. Dislocation	1	—
B. Sprain	2	—
202. Other external injuries	59	—
XV. Ill-defined Diseases.		
205. Asthenia	23	—
TOTAL ..	1,501	—

TABLE VIa—*continued*.

RETURN OF DISEASES (NATIVE OUT-PATIENTS) FOR THE YEAR 1930.

MONGU HOSPITAL.

Diseases.		No. of Cases.
I. Epidemic, Endemic and Infectious Diseases.		
5.	Malaria	309
9.	Whooping Cough	2
11.	Influenza	9
16b.	Bacillary dysentery	17
20.	Leprosy	53
25b.	Varicella	18
31.	Pulmonary tuberculosis	4
34.	Tuberculosis of the vertebral column	1
38a and b.	Primary and secondary syphilis	1,085
c.	Tertiary syphilis	1
d.	Hereditary syphilis	61
40A.	Gonorrhœa and its complications	67
40C.	Gonorrhœal arthritis	3
II. General Diseases not mentioned above.		
50.	Tumours, non-malignant—	
	Fibro-lipoma	1
	Cysts	4
	Papilloma	2
	Cystic adenoma of thyroid	1
	Epulis	3
52.	Chronic rheumatism, myalgia and fibrocytis	261
53.	Scurvy	1
58b.	Secondary anæmia	8
60b.	Goitre	2
III. Affections of the Nervous System and Organs of the Senses.		
75b.	Facial paralysis	2
78.	Epilepsy	6
82B.	Neuritis	9
82C.	Neurasthenia	1
85a.	Diseases of the eye—	
	Optic neuritis	1
	Corneal ulcer	4
	Iritis	2
	Interstitial keratitis	1
85b.	Conjunctivitis and blepharitis	753
c.	Other affections of the eye—	
	Asthenopia	1
	Diplopia	1
	Burn of conjunctivita	1
	Stye	1
	Wounds	3
86.	Affections of the ear—	
	Otitis media	101
	Foreign body	4
	Otalgia and other affections of the ear	16
IV. Affections of the Circulatory System.		
90.	Tachycardia	1
93.	Hæmorrhoids	2
94.	Lymphangitis	3
	Lymphadenitis	22
Carried forward		2,848

TABLE VIA—continued.

RETURN OF DISEASES (NATIVE OUT-PATIENTS) FOR THE YEAR 1930.

MONGU HOSPITAL—continued.

Diseases.								No. of Cases.
Brought forward								2,848
V. Affections of the Respiratory System.								
97.	Coryza	..	..	..	..	..	..	1
	Epistaxis	..	..	..	..	..	..	1
	Foreign body in the nose	..	..	..	..	..	..	1
98.	Laryngitis	..	..	..	..	..	..	3
99a.	Acute bronchitis	..	..	..	..	..	..	4
100.	Broncho pneumonia	..	..	..	..	..	..	2
101b.	Unresolved pneumonia	..	..	..	..	..	..	1
102.	Pleurisy	..	..	..	..	..	..	1
107.	Other affections of the respiratory system—							
	Bronchial catarrh, tracheitis, colds	..	..	..	..	..	..	428
VI. Diseases of the Digestive System.								
108A.	Dental caries	..	..	..	..	..	..	68
	Alveolar abscess	..	..	..	..	..	..	1
	Pyorrhœa	..	..	..	..	..	..	20
108B.	Stomatitis	..	..	..	..	..	..	17
	Glossitis	..	..	..	..	..	..	2
	Thrush	..	..	..	..	..	..	1
109.	Tonsillitis	..	..	..	..	..	..	9
	Pharyngitis	..	..	..	..	..	..	19
112.	Gastritis	..	..	..	..	..	..	10
	Dyspepsia	..	..	..	..	..	..	33
113.	Diarrhœa and enteritis—under 2 years	..	..	..	..	..	..	24
114.	Diarrhœa and enteritis—2 years and over	..	..	..	..	..	..	75
	Colitis	..	..	..	..	..	..	1
	Enteralgia	..	..	..	..	..	..	134
115.	Anklostomiasis	..	..	..	..	..	..	1
118.	Inguinal hernia	..	..	..	..	..	..	3
119A.	Prolapsus ani	..	..	..	..	..	..	1
	Fissure-in-ano	..	..	..	..	..	..	1
	B. Constipation	..	..	..	..	..	..	159
VII. Diseases of the Genito-Urinary System (Non-Venereal).								
130B.	Schistosomiasis	..	..	..	..	..	..	1
136.	Orchitis	..	..	..	..	..	..	3
138.	Salpingitis	..	..	..	..	..	..	2
141B.	Amenorrhœa	..	..	..	..	..	..	1
	Menorrhagia	..	..	..	..	..	..	12
	Sterility	..	..	..	..	..	..	1
142.	Mastitis	..	..	..	..	..	..	2
	Abscess of the breast	..	..	..	..	..	..	2
IX. Affections of the Skin and Cellular Tissues.								
152.	Boils	..	..	..	..	..	..	20
153.	Abscess	..	..	..	..	..	..	70
	Whitlow	..	..	..	..	..	..	5
	Cellulitis	..	..	..	..	..	..	119
154A.	Tinea	..	..	..	..	..	..	51
154B.	Scabies	..	..	..	..	..	..	17
Carried forward								4,175

TABLE VIa—continued.

RETURN OF DISEASES (NATIVE OUT-PATIENTS) FOR THE YEAR 1930.

MONGU HOSPITAL—continued.

Diseases.		No. of Cases.
Brought forward		4,175
IX. Affections of the Skin and Cellular Tissues—continued.		
155. Other Diseases of the Skin :—		
Erythema		1
Urticaria		2
Eczema		8
Herpes		3
Elephantiasis		1
Chigoes		2
Alopecia		1
Impetigo		20
Keratosis		1
Seborrhœa		1
Acne		1
Mycetoma		1
Sebaceous cyst		2
Ulcer		61
X. Diseases of the Bones and Organs of Locomotion (other than Tuberculous).		
156. Osteitis		3
Necrosis		3
157. Arthritis		2
Synovitis		2
158. Ganglion		3
XI. Malformations.		
159. Congenital absence of pinna of ear		1
XII. Diseases of Infancy.		
162. Omphalitis		1
XIV. Affections Produced by External Causes.		
176. Snake bite		2
Insect bite		7
Scorpion sting		4
178. Burns (by fire)		33
179. Burns (other than by fire)		6
189. Injuries inflicted by animals—		
Dog bite		5
Ox-gore		3
195. Lightning stroke		6
201A. Dislocation		2
201B. Sprain		32
202. Other external injuries (minor cuts, abrasions, bruises, wounds by pieces of wood, etc.)		494
XV. Ill-defined Diseases.		
205A. Asthenia		3
Ainhum		1
Observation		21
205B. Malingering		2
TOTAL		4,916

TABLE VIA—continued.

**RETURN OF DISEASES AND DEATHS (NATIVE OUT-PATIENTS) FOR
THE YEAR 1930.**

BALOVALE HOSPITAL.

Diseases.		No. of Cases.	Deaths.
I. Epidemic, Endemic and Infectious Diseases.			
5c. Malaria	47		
20. Leprosy	1		
38a. Syphilis (primary)	3		—
b. Syphilis (secondary)	3		—
39. Soft chancre	6		—
40a. Gonorrhoea and its complications	14		—
II. General Diseases not mentioned above.			
52. Chronic rheumatism	2		—
64. Diseases of the spleen	1		—
III. Affections of the Nervous System and Organs of the Senses.			
78. Epilepsy	1		—
85b. Conjunctivitis	125		—
85e. Other affections of the eye	10		—
86. Affections of the ear or mastoid sinus	11		—
IV. Affections of the Circulatory System.			
94. Lymphadenitis	1		—
V. Affections of the Respiratory System.			
97. Coryza	33		—
99a. Bronchitis	3		—
VI. Diseases of the Digestive System.			
108a. Diseases of teeth or gums	10		—
b. Stomatitis	8		—
109. Tonsillitis	11		—
112. Dyspepsia	3		—
118. Hernia	3		—
119b. Constipation	30		—
VII. Diseases of the Genito-Urinary System (Non-Venereal).			
130b. Schistosomiasis	7		—
136. Orchitis	1		—
141b. Dysmenorrhoea	2		—
IX. Affections of the Skin and Cellular Tissues.			
152. Carbuncles, boils	12		—
153. Abscesses	40		—
155. Other diseases of the skin	8		—
XIV. Affections Produced by External Causes.			
178. Burns (by fire)	8		—
201b. Sprain	8		—
c. Fracture	1		—
202. Other external injuries	92		—
XV. Ill-defined Diseases.			
205a. Diseases not already specified	7		—
TOTAL		502	—

**REPORT BY G. J. H. SANDGROUND, D.S.C.,
INSTRUCTOR IN HELMINTHOLOGY,
HARVARD UNIVERSITY MEDICAL SCHOOL, BOSTON, U.S.A.**

During a period of one week spent under your kind auspices at the Livingstone Hospital, the opportunity was available for the examination, for intestinal helminths of 54 natives. The examinations were made by the use of the concentration method of Willis & Malloy, which I do not think has been previously used in your laboratory. In several of those cases where no ova was found in the stools, re-examinations were made. Several of the cases involved had received previous treatment, and consequently the findings actually represented a lower incidence of parasitic infection than would be obtained in a previously untreated group of people.

My findings in these 54 examinations are as follows:—

32 cases of Hook-worm infection.

19 cases of Strongyloides, and

5 cases of infection with a trichostrongyle nematode, which cannot be specifically identified from their ova.

It will be of interest to you to know that with very few exceptions, the intensity of hook-worm infections encountered were relatively low as determined by the frequency of eggs in the stools.

To hazard a case, I am of opinion that the number of worms harboured by the average case of hook-worm infection would be easily less than 50. In what undoubtedly was the heaviest hook-worm case examined, I retrieved 174 worms. After washing all the stools passed in three days subsequent to treatment with 4 c c's of Carbon Tetrachloride, the last stool of this patient washed was free from worms, and, in my opinion, very nearly all, if not absolutely all the worms harboured by the individual had been eliminated by the treatment. It will be of interest to you to know definitely that the hook-worm prevalent in this district is *Necator-americanus*, which is generally regarded to be much less dangerous than the so-called old world hook-worm, and *Ancylostoma anodenale*.

I am finally giving as my opinion that the majority of infections with hook-worm that I observed here are of no serious consequence to their host, and unless it was specially indicated to the contrary, I should deem it unnecessary to free them of their hook-worm burden, since, in the first place, the parasites are in such small numbers as not to reduce the hæmoglobin very appreciably, and further, because of the liability to contract new infections as soon as the patients return to their original unsanitary environments.

If I may have the temerity to make a suggestion with regard to practical procedure of anthelmintic medication here, I would suggest that only cases showing observable clinical symptoms of hook-worm disease, and cases which by microscopic examination indicate a fairly high number of worms being present, should receive treatment (I understand that at present all cases in which diagnosis of hook-worm infection is made are now treated irrespective of other considerations). In the matter of treatment, I have been told that the procedure is to give the patient three doses of 45 minims each of Carbon Tetrachloride on alternate days. Not only is this quite unnecessary to remove most of the worms present, but I also think that the procedure may at times give rise to serious toxic symptoms, if not to more drastic consequences. It is the general procedure, now well tested as regards its efficacy, to give the patient but a single dose of 45 to 60 minims of Carbon Tetrachloride, followed by the usual magnesium sulphate purge. This treatment is sufficient to free the patient of from 90 per cent. to 100 per cent. of his parasite, so that further treatments are not only unnecessary, but if proceeded with, at a short interval, may be positively dangerous.

I trust that this information may be of value to you, and I shall be very glad indeed to answer any particular questions that may arise, if you will direct them to me at my headquarters in America.

NOTE.—The Medical Officer in charge of Livingstone Native Hospital takes a less favourable view of the effects of hook-worm on natives admitted to this hospital and considers it produces a definite disability and lowers resistance to other diseases especially chest complaints.

REPORT BY C. J. H. SANDGROUND, D.S.C.,
 INSTRUCTOR IN HELMINTHOLOGY,
 HARVARD UNIVERSITY MEDICAL SCHOOL, BOSTON, U.S.A.

During a period of one week spent under your kind auspices at the Hygienic Hospital, the opportunity was available for the examination of intestinal helminths of 54 natives. The examinations were made by the use of the concentration method of Willis & Mallory which I do not think has been previously used in your laboratory. In several of these cases where no ova were found in the stools, re-examinations were made. Several of the cases involved had received previous treatment, and consequently the findings actually represented a lower incidence of parasitic infection than would be obtained in a previously untreated group of people.

My findings in these 54 examinations are as follows:—
 82 cases of Hook-worm infection.
 10 cases of Strongyloides, and
 5 cases of infection with a trichostrongyle nematode, which cannot be specifically identified from their ova.

It will be of interest to you to know that with very few exceptions, the intensity of hook-worm infections encountered were relatively low as determined by the frequency of eggs in the stools.

To hazard a guess, I am of opinion that the average case of hook-worm infection would be easily detected by the examination of the stools passed in three days subsequent to the last stool of the patient. In my opinion, very nearly all, if not absolutely all, had been eliminated by the treatment. It will be noted that the hook-worm present in this district is regarded to be much less dangerous than the one reported to be much less dangerous. Any infection moderate.

I am finally giving as my opinion that the intensity of infection with hook-worm that I observed here are of no serious consequence to their host, and unless it was specifically indicated to the contrary, I should deem it unnecessary to free them of their hook-worm burden, since in the first place, the parasites are in such small numbers as not to reduce the haemoglobin very appreciably, and further, because of the facility to contract new infections as soon as the patients return to their original unsanitary environment.

If I may have the liberty to make a suggestion with regard to practical procedure of anthelmintic medication here, I would suggest that only cases showing characteristic clinical symptoms of hook-worm disease, and cases which by microscopic examination indicate a fairly high number of worms being present, should receive treatment. I understand that in present all cases in which diagnosis of hook-worm infection is made are now treated irrespective of other considerations. In the matter of treatment, I have been told that the procedure is to give the patient three doses of 55 grains each of Carbon Tetrachloride on alternate days. Not only is this quite unnecessary to remove most of the worms present, but I also think that the procedure may at times give rise to serious toxic symptoms, if not to more drastic consequences. It is the general procedure, now well tested as regards its efficacy, to give the patient but a single dose of 55 to 60 grains of Carbon Tetrachloride, followed by the usual magnesium sulphate purge. This treatment is sufficient to free the patient of from 60 per cent. to 100 per cent. of his parasite, so that further treatments are not only unnecessary, but if proceeded with, at a short interval, may be positively dangerous.

I trust that this information may be of value to you, and I shall be very glad indeed to answer any particular questions that may arise. If you will direct them to me at my headquarters in America.

Notes.—The Medical Officer in charge of Hygienic Hospital takes a low therapeutic view of the effects of hook-worm on natives admitted to the hospital and considers it produces a definite disability and lowers resistance to other diseases especially chest complaints.
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